

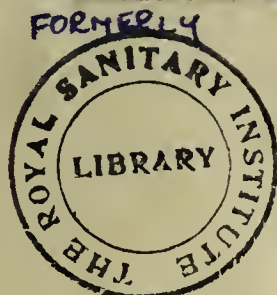
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PARLIAMENT OF TASMANIA.

DEPARTMENT OF PUBLIC HEALTH.

REPORT FOR THE YEAR ENDED 30TH JUNE, 1950.

Presented to both Houses of Parliament by His Excellency's Command.

REPORT OF THE MINISTER FOR HEALTH FOR THE YEAR ENDED 30TH JUNE, 1950

To His Excellency Admiral Sir THOMAS HUGH BINNEY, Knight Commander of the Most Honourable Order of the Bath, Companion of the Distinguished Service Order, Admiral on the Retired List of the Royal Navy, Governor in and over the State of Tasmania and its Dependencies, in the Commonwealth of Australia.

YOUR EXCELLENCY:

I have the honour to submit the Report of the Department of Public Health for the year ended 30th June, 1950.

I have the honour to be,

Your Excellency's Obedient Servant,

R. J. DAVID TURNBULL, Minister for Health.

October, 1950

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Report of the Secretary for Public Health for the Year ended 30th June, 1950.

Department of Public Health,
Hobart, 2nd October, 1950.

SIR,

IT IS my privilege to present the Report of the Department of Public Health for the period 1st July, 1949, to 30th June, 1950.

I desire to acknowledge with appreciation the co-operation of the members of the Directorate, whose reports are submitted separately under the various sections set out below, together with vital statistics supplied by the Deputy Commonwealth Statistician:—

- Section I.—Report of Director of Public Health:
- Section II.—Report of Director of Hospital and Medical Services:
- Section III.—Report of Director of Tuberculosis:
- Section IV.—Report of Director of Mental Hygiene:
- Section V.—Vital Statistics supplied by the Deputy Commonwealth Statistician.

LEGISLATION.

Tuberculosis Act, 1949.—Regulations under this Act were promulgated, to take effect from the 26th August, 1949, and as a result compulsory radiological examination of the lungs of all

persons over fourteen years of age was instituted in the district of Hobart and suburbs, which will be extended to other parts of the State as equipment, buildings and technicians become available.

Hospitals Act, 1918.—This Act was amended to provide for uniformity as to the number of members to constitute hospital boards, and for inclusion of women members to represent auxiliaries and other female interests.

General.—Minor amendments were also made to the Public Health Act, 1935, the Nurses' Registration Act, 1927, and regulations under the Food and Drugs Act, 1910.

DEPARTMENTAL EXPENDITURE.

In consequence of the instruction to furnish reports to deal with financial instead of calendar years, certain comparative information is supplied which was not readily available under the old system.

This information has been compiled in accordance with the Estimates which deal with the Department as a whole, and are not sectionised with relation to the activities under the control of each Director.

It will be observed that substantial increases have occurred over the past three financial years, and this may be attributed to the trend of the rise in costs generally, viz. Salaries, Commodities and Equipment.

Summary.

		1947-48.			1948-49.			1949-50.		
		£	s.	d.	£	s.	d.	£	s.	d.
Division 14	....	579,563	11	4	697,829	6	0	842,167	19	11
Division 15	....	137,353	12	4	162,767	13	8	195,472	17	7
Division 16	....	58,610	17	2	76,885	2	6	83,714	9	11
Division 17	....	4,451	8	5	5,256	18	5	5,868	12	8
		<hr/>			<hr/>			<hr/>		
		£779,979	9	3	£942,739	0	7	£1,127,224	0	1

It will be noted that the increases are £162,759 11s. 4d. and £184,484 19s. 6d. respectively, and the principal causes of these rises may be summarised as under:—

Administration—

- Salaries, Travelling Expenses, Cost of Living, Miscellaneous, &c.
- Bush Nursing Services
- Medical Services, Schools and Country Districts
- Subsidies to Hospitals
- Tuberculosis Services
- Government Institutions

		1948-49.			1949-50.		
		£	s.	d.	£	s.	d.
		8,241	2	4	24,650	4	11
		4,248	6	9	6,846	6	4
					6,709	10	11
		90,391	13	9	91,989	2	7
		15,384	11	10	14,143	9	2
		44,493	16	8	40,146	5	7
		<hr/>			<hr/>		
		£162,759	11	4	£184,484	19	6

STAFF.

During the year resignations were received from Dr. A. E. Wilmot (School Medical Officer), Dr. G. E. Sibthorpe (Resident Medical Officer, Perth Sanatorium), Miss F. L. Barnett (Supervisor of Orthopaedic Nursing), and several clerks.

Dr. D. Nathan rejoined the staff as Medical Officer, Perth Sanatorium, Mr. D. J. Alderson was appointed X-ray Engineer and Technician, and Miss H. M. Shoobridge, Dietitian.

The remarks in the last report regarding shortage of nurses are still applicable, and the position at Lachlan Park Hospital (Mental) is acute.

In conclusion, I desire to express my appreciation of the services rendered by individual officers of the Department, and of their loyal co-operation during the past year, also to acknowledge the ready assistance received from officers of other Government Departments.

I have, &c.,

P. A. DRISCOLL,
Secretary for Public Health.

The Hon. the Minister for Health.

SECTION I.—REPORT OF DIRECTOR OF PUBLIC HEALTH FOR THE YEAR ENDED 30TH JUNE, 1950.

VITAL STATISTICS.

Population.—The figures given in the report of the Tasmanian Branch of the Commonwealth Bureau of Census and Statistics show that the population at the end of the year 1949 totalled 284,245, of whom 145,838 were males and 138,407 females. The natural increase amounted to 4721. The mean population for the whole State was 272,649.

Births.—The number of births in the State totalled 7110, being an annual rate per 1000 of mean population of 26·08. This is a decrease as compared with the preceding three years.

Deaths.—The number of deaths reached a total of 2389, being an annual rate of 8·76 per 1000 persons living. This compares favourably with the average death rate for the previous ten years, which was 10·04.

Principal Causes of the General Mortality.—The ten principal causes of death were:—

Cause of Death.	Number of Deaths.	Death Rate per 100,000 persons living.
1. Heart disease (organic)	723	265
2. Cancer (all forms)	302	111
3. Diseases of nervous system	284	104
4. Diseases of respiratory system	173	63
5. External causes (violent or accidental deaths)	184	67
6. Diseases of genito-urinary system	150	55
7. Infective and parasitic diseases	121	44
8. Diseases of first year of life ..	99	36
9. Diseases of digestive tract	86	32
10. Tuberculosis (all forms)	76	28

Maternal and Infant Mortality.—The number of deaths of infants under one year, which is usually taken as one of the guides to the health of the community, was the most favourable that the State has recorded. Deaths numbered 170, and the annual rate per 1000 births was 23·9. Analysing the rate for various parts of the State, it is seen that the urban districts had a slightly better showing than the rural divisions, in that the annual rate was 23 per 1000 births in the former, and 24 per 1000 in the latter. In the urban districts, also, the rate varied between the Hobart

District and Launceston City and Suburbs; that for Hobart being 24 per 1000 births as against 21 per 1000 in Launceston City and Suburbs.

Pre-natal Deaths.—Everywhere the infant mortality rate for the first week and the first month of life is very much higher than for the subsequent eleven months. Tasmania, in 1949, was no exception to this, inasmuch as the infant mortality rate for the first month of life was 16·9 per 1000, whilst for the subsequent eleven months it was only 7 per 1000. This difference is common to both urban districts and rural divisions, and points to the need for an intensive campaign to reduce pre-natal deaths, if the infant mortality is to be permanently lowered. Looking at the causes of pre-natal deaths, it is found that the greatest number is caused by premature births, which this year were responsible for 59 deaths, whilst injury at birth causes an additional 13 deaths. Many authorities consider that of the 120 deaths due to pre-natal causes, at least 50 per cent might be prevented by better pre-natal attention, coupled with improved methods of midwifery and facilities for handling premature births.

Another way of assessing the toll caused by pre-natal conditions is that put forward by Professor McNeil of Edinburgh, who divides infant mortality into two groups, one of which comprises still-births plus deaths in the first week of life. Using this method it is found that 261 deaths were due to pre-natal causes in 1949 and comprising 159 still-births and 102 deaths in the first week of life.

Another point of interest is that there was a marked increase in the percentage of infant deaths under 1 month in certain country areas as compared with that in urban areas.

Still-births.—There were 159 still-births, giving a percentage of still-births to births and still-births combined of 2·18, which is slightly lower than in the two preceding years. A statistical analysis of still-birth returns by the Commonwealth Bureau of Census and Statistics shows that in combined urban areas of the State there were 58 still-births, whilst the figure for the North Western area was also 58.

LEGISLATION.

The Public Health Act was amended during the year as follows:—

By-laws.—Section 69 was amended by giving a local authority power to make by-laws to prevent the deposit of filth, dust, ashes or refuse on any street, public place or land vested in or under the control of the local authority.

The local authority was also empowered to make by-laws (a) for regulating and controlling the deposit of nightsoil and refuse on any reserve or land set apart for the purpose (b) prescribing and regulating the treatment of refuse resulting from any trade, manufacture or business and prohibiting the deposit of any such refuse which has not been treated in the prescribed manner.

Section 90 was amended by substituting the general terms animal or bird for the detail of a number of animals.

Section 93 was amended so as to simplify the procedure as to summary non-judicial proceedings for the abatement of a nuisance.

Section 95 was amended on the matter of rules concerning entry and inspection of occupied premises.

Section 112 was amended to empower general regulations to be made under the Public Health Act for the disinfection of rags, flock, bedding and to prevent injury to health from these materials.

Section 118 was amended to provide—(1) that unhealthy dwellings may be evacuated and either made suitable for habitation at reasonable cost or be demolished (2) that where defects exist which can be remedied repairs should be carried out by owner or occupier as the case may be or in case of default by the local authority.

Regulations.

Places of Public Entertainment Act.—Revised regulations under the Building Act, 1937, were issued during the year and necessitated the gazettal of a Regulation under the Places of Public Entertainment Act, that Divisions XIII. and XIV. of Part IX. of Building Regulations, 1938, remain in force as if made under the above Act.

Food and Drugs Act.

Regulations under the Food and Drugs Act were amended in August, 1949, to tighten up the provisions in regard to eating houses. The regulations have been promulgated to ensure that public places in which food is prepared and consumed comply with specifications in regard to construction and equipment which will prevent contamination. Similarly precautions must be taken by all persons employed in the handling of food in eating houses.

During the delivery of unwrapped bread in a basket from the baker's cart to the householder it is prescribed that the basket must be covered at all times with a clean washable cover.

Delivery vans conveying meat from abattoirs to retail butchers' shops must now be so constructed that all carcasses can be hung from hooks.

ADMINISTRATION OF PUBLIC HEALTH, FOOD AND DRUGS AND PLACES OF PUBLIC ENTERTAINMENT ACTS.

The report of the Chief Health Inspector is given in Appendix I.

Bacteriolytic Tanks.—It will be gathered from this report that a very large number of applications are being received from all parts of the

State for these installations. In part the increased demand is due to difficulty in arranging suitable contracts for pan services. A considerable number of dwellings are being erected also in areas where there is no deep drainage and, from the builders of these, applications are being received. In principle it is accepted that, where the residents of a township apply in number for bacteriolytic tanks, serious consideration must be given to the provision of a deep drainage scheme.

Household Drainage.—Considerable trouble has been caused by unsatisfactory arrangements for the disposal of household sullage. The real cause of the trouble is the urgent need for houses which leads to their erection in number in some areas without prior attention being given to drainage problems.

Food and Drugs Act.—Samples of various foods taken in different parts of the State indicate generally that the Regulations are being complied with. For the second year in succession special attention was given to quality of berry fruits delivered to processing factories.

Glass-Washing Machines.—It is now an obligation on licensed premises to install mechanical glass-washing machines when required.

Government Analyst.—The report of the Government Analyst is given in Appendix II. It will be noted that 19 per cent of samples of food submitted for analysis did not comply in one respect or another with regulations under the Food and Drugs Act. Of the milk samples analysed 14.3 per cent were not up to legal standard.

Places of Public Entertainment.—The expert Committee appointed to advise on the suitability of plans and specifications for public buildings has considered many such plans submitted for its consideration. Its recommendations have been most helpful.

POLIOMYELITIS STANDING COMMITTEE.

The possibility that Poliomyelitis, which was prevalent on the mainland, might spread to Tasmania led to the appointment of a Standing Committee on Poliomyelitis which held its first meeting on 10th December, 1948.

At this meeting preliminary plans were made in readiness for a possible outbreak. These included:—

- (a) Circular to medical practitioners on the prominent clinical features of the disease:
- (b) A bulletin for public information on measures parents might adopt in the presence of an epidemic:
- (c) The appointment of consultants who would be available when called upon to see suspected cases:
- (d) A circular seeking the co-operation of trained nurses not actively engaged in nursing:
- (e) Collection of information on the condition of respirators in hospitals:
- (f) Discussions on attitude to be adopted in respect of cinemas, swimming pools and schools: and
- (g) Action to be taken in regard to contacts of proved cases.

Dangerous Infectious Disease.—On 16th September, 1949, Poliomyelitis was declared a dangerous infectious disease. This action gave very wide powers, which could be used if required for the control of the disease.

Following the notification of the first cases the Committee was called together and held nine (9) meetings during the course of the epidemic. At each of these meetings developments were discussed and decisions arrived at for submission to the Minister for Health on such matters as—

- (a) Advice to the public:
 - (b) Competitive sport:
 - (c) Closure of artificial swimming pools:
 - (d) Attendance of children at shows:
 - (e) Closure of schools:
 - (f) Purchase of a portable respirator,
- and finally on the question of—
- (g) Relaxation of restrictions.

The value of the Committee was evident in the general acceptance of its views by interested public bodies.

NOTIFIABLE INFECTIOUS DISEASES.

The major feature in this group of diseases was the appearance of a mild epidemic of Poliomyelitis in the State which commenced early in the month of September when the first case was notified from Hobart.

From September, 1949, until February, 1950, forty-six cases were notified from various parts of the State but the number decreased month by month. The following table shows the monthly number and the part of the State in which the cases occurred:—

	Total.	North.	South.	King Is.	Flinders Is.
September	14	6	7	1	....
October	11	6	5	....	....
November	6	3	3	....	....
December	8	4	3	....	1
January	4	3	1	....	....
February	3	....	3	....	....
	46	22	22	1	1

There were also notified odd cases discovered with some muscle paresis which was regarded as being the result of an undetected poliomyelitis infection. One such case was notified from Launceston but the infection could have taken place in Burnie. Another patient was found, when attending for medical check, to have some weakness of the muscles of one leg which followed a recent acute illness. In this case Poliomyelitis could not be ruled out as the cause of the acute illness.

A history suggestive of a previous attack of Poliomyelitis was given in the case of two other patients who also came under medical attention for paresis of certain muscles.

It seems clear that a number of abortive as well as undetected cases were present in parts of the State in addition to those actually notified. From the municipality of Westbury five (5) cases were notified. The type of case was mild and all made a satisfactory recovery. There were no deaths.

Diphtheria.—The year has recorded a marked reduction in the number of cases of Diphtheria. Only eight cases were notified, three (3) of which were reported from Hobart, two (2) from Glenorchy, and one (1) each from Beaconsfield, Devonport, and Port Cygnet. None of the cases was fatal.

In 1945 there were 403 cases with 9 deaths and in 1946 there were 256 cases with 6 deaths. The immunisation campaign conducted by local authorities had by 1947 been effective in reducing the number of cases to 64 and by 1949 to 19 without deaths.

Immunisation.—Local authorities are encouraged by the offer of free vaccine to carry out regular yearly campaigns to protect each succeeding generation against the disease. Now that such an encouraging result has attended their efforts it is hoped that every effort will be made to wipe out the disease altogether.

The most suitable age for immunisation is six months and it should not be postponed, except for special reasons. When the operation is performed at this early age, a single small dose, called a "booster" dose should be given before or on entry into school. This, as the term implies, "boosts" the immunity resulting from the earlier ones. The Departmental School staff play a part in Hobart and Glenorchy by assisting the Local Authority in immunising school children.

Whooping Cough.—This disease is not notifiable in Tasmania and in consequence the toll of cases is not known. The disease is, however, such a serious one, particularly in early infancy, that local authorities are encouraged to carry out immunisation against Whooping Cough and Diphtheria at one and the same time, using a combined vaccine.

The protection given is not as complete as is the case when immunisation is practised against Diphtheria, but it has, nevertheless, a definite value. In 1941 Whooping Cough caused 25 deaths of infants under one year, and immunisation to be of real value should be carried out between the ages of three and six months.

Scarlet Fever.—This disease has been prevalent throughout the year, affecting more particularly Launceston, Circular Head and Hobart. The majority of the Launceston cases, 18 out of 23, developed in the second half of 1949 as did 12 of the 13 cases occurring in Hobart. On the other hand there have been 27 cases from March to June, 1950, in the Circular Head municipality, 19 of which were notified in April. This latter outbreak has been mild and has been mainly spread in schools and by scholars conveying it to other members of their families. The mildness of the disease has conduced to its spread.

Typhoid Fever.—The fact that six cases of Typhoid Fever have been notified is disturbing in that no cases were reported either in 1947 or 1948. Three of the cases were in Hobart, and one each in Glenorchy, Launceston and Westbury.

The presence of Typhoid Fever is an indication of defective sanitation and is a disease that efficient environmental sanitation has helped to banish from health records.

Rubella.—In order to be able to correlate congenital ear and eye defects with Rubella during pregnancy, Rubella has been declared a notifiable disease. Ten cases have been notified during the year.

Hydatids.—Four (4) cases have been notified.

Tables A and B show the monthly notification of cases of Infectious Diseases for 1949 and from 1st July, 1949, to 30th June, 1950.

TABLE A.

RETURN showing Number of Cases of each Notifiable Infectious Disease Notified to the Department of Public Health during the Year 1949.

Month	Diphtheria	Typhoid Fever	Scarlet Fever	Tuberculosis (All Forms)	Puerperal Fever	Puerperal Pyrexia	Cerebro-Spinal Meningitis	Acute Anterior Poliomyelitis	Dysentery	Malaria	Rubella	Hydatids	Total	V.D.
January ..	4	..	12	20	3	3	1	..	..	1	..	..	44	8
February ..	2	..	6	24	..	..	1	1	..	..	..	2	36	21
March ..	2	1	8	21	..	..	..	..	..	..	..	1	33	26
April ..	1	..	8	12	..	..	..	..	..	..	..	..	21	9
May ..	5	3	3	12	..	..	..	..	..	..	..	1	24	3
June ..	1	..	2	13	..	..	2	..	..	..	..	1	19	14
July ..	1	..	16	13	..	..	2	..	..	..	..	1	33	16
August ..	..	..	18	20	..	..	1	..	..	1	..	..	40	6
September ..	1	..	14	26	..	..	1	6	..	1	..	..	49	15
October ..	1	..	13	13	..	..	1	14	1	..	..	1	44	10
November ..	1	..	7	13	..	..	..	5	2	..	2	2	32	6
December ..	..	1	2	20	..	..	..	10	1	..	2	..	36	5
Total	19	5	109	207	3	3	9	36	4	3	4	9	411	139

TABLE B.

RETURN showing Number of Cases of each Notifiable Infectious Disease Notified to the Department of Public Health during the Year ended 30th June, 1950.

Month	Diphtheria	Typhoid Fever	Scarlet Fever	Tuberculosis (All Forms)	Puerperal Fever	Cerebro-Spinal Meningitis	Acute Anterior Poliomyelitis	Dysentery	Malaria	Rubella	Hydatids	Total	V.D.
July ..	1	..	16	13	..	2	..	..	..	..	1	33	16
August ..	..	..	18	20	..	1	..	..	1	..	..	40	6
September ..	1	..	14	26	..	1	6	..	1	..	..	49	15
October ..	1	..	13	13	..	1	14	1	..	..	1	44	10
November ..	1	..	7	13	..	..	5	2	..	2	2	32	6
December ..	..	1	2	20	..	..	10	1	..	2	..	36	5
January ..	..	..	4	12	..	3	4	..	..	8	..	31	6
February ..	..	4	2	16	..	..	4	..	..	1	..	27	9
March ..	1	1	5	25	1	1	..	3	..	1	..	38	9
April ..	1	..	20	10	..	..	1	3	..	..	..	35	3
May ..	1	..	18	23	..	2	..	1	..	..	..	45	9
June ..	1	..	3	19	..	..	1	..	..	..	..	24	7
Total	8	6	122	210	1	11	45	11	2	14	4	434	101

VENEREAL DISEASES.

There has been a definite decrease in the number of notifications of venereal disease which suggests that the situation in this respect may be gradually reaching pre-war levels.

In the half-year ended June 30th, 1949, there was notified a total of 81 cases whereas in the subsequent twelve months the number was 101.

The decrease occurs both in regard to gonorrhoeal notifications and those from both primary and secondary syphilis.

In the year 1948 there were notified 27 cases of primary and 31 cases of secondary syphilis, whereas in the twelve months under review the corresponding figures were 14 and 11.

It is noticeable, however, that the notifications in regard to males, particularly in regard to gonorrhoea, very greatly exceed those of females.

Efforts are made to obtain information regarding possible infecting contacts, and these are followed up, but this aspect of the problem does not receive the same attention as it does, for example, in U.S.A. where greater publicity is given to the disease and its effect on community health.

Table C. gives a summary of the position.

TABLE C.

SUMMARY of Notifications of Venereal Diseases during the Year ended 30th June, 1950.

	Males.	Females.	Total.
Gonorrhoea ..	57	3	60
Primary syphilis ..	11	3	14
Secondary syphilis ..	7	4	11
Tertiary, congenital and sero-positive syphilis ..	11	5	16
Total ..	86	15	101

TABLE D.
Return showing Sex and Age Distribution and Location (Metropolitan or Extra-Metropolitan) of Cases of Venereal Diseases reported to the Department of Public Health during the Year ended 30th June, 1950.

	Under 1 Year		1-5		5-10		10-15		15-20		20-25		25-30		30-35		35-40		40-45		45-50		50-55		55-60		60-65		65-70		70 and over		Age not stated		Total		Grand total	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F				
Gonorrhoea																																						
Metropolitan	2	...	14	...	7	...	3	...	1	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	29	...	29	29	
Extra-Metropolitan	2	...	7	...	9	...	5	...	4	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	30	
Primary Syphilis																																						
Metropolitan	1	...	5	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	7	2	9	
Extra-Metropolitan	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	5	
Secondary Syphilis																																						
Metropolitan	2	2	1	...	1	1	8
Extra-Metropolitan	1	3	4
Tertiary, Congenital or Sero-Positive Syphilis																																						
Metropolitan	4
Extra-Metropolitan	1	3	...	1
Totals	7	...	26	4	29	1	9	1	5	1	3	1	...	1	7	1	1	...	1	...	...	...	...	...	...	90	11	101		

Details showing source of Notification of Venereal Diseases for the year ended 30.6.50.

	Males.		Females.		Total
Notified by Hospital clinics	66		8		74
Notified by private practitioners	20		7		27
Total	86		15		101

MATERNAL AND CHILD HEALTH.

The Child Health Division is responsible for the administration of the work of Maternal and Child Welfare, and of School Medical and Dental Services.

The report of the year's activities in the domain of Maternal and Child Welfare has been prepared by the Supervisory Child Welfare Sister (Sister Green), that on School Dental Services by the Senior Dental Inspector (Mr. A. W. Scott) and that on School Medical Services by Dr. Kennard.

This latter report draws attention to two special features introduced into the School Medical Service, one the greater stress laid on home visiting and the other the invitation to mothers to attend when their children are being examined. Both innovations have been welcomed by parents and give an added value to the work of the staff.

The report of the Senior Dental Inspector draws attention to staff shortages which it is hoped may be partially overcome during the present year. For the greater part of the year only three dental inspectors were at work, one in Hobart, one in Launceston and one using the mobile unit on the North West Coast. Private dentists have come to the assistance of the Department, and their help has been greatly appreciated.

It is hoped to have the three additional mobile units at work at the beginning of 1951.

The report of the Nutrition Section has been prepared by Miss A. Osmond, Nutrition Officer.

CHILD WELFARE.

At the 30th June, 1950, there were 70 Child Welfare Centres in the State and also 4 Travelling Clinics. This is an increase of 9 centres over the previous year.

Staff.—The staff comprised 37 Child Welfare sisters, of whom 35 were engaged in a full-time capacity, and two on a part time basis. There was also one mothercraft nurse employed throughout the year. There has been considerable difficulty in keeping staff during the year, and many changes have taken place.

Duties.—Visits to individual babies totalled 7600 and the number of subsequent visits to mothers in their homes was 37,814.

Expectant Mothers.—In addition 3548 visits were paid to expectant mothers.

Individual Babies.—The number of individual babies attending centres was 16,318 whilst the number of new babies at centres was 5417.

Total Attendances at Centres.—There were 130,960 attendances at the centres, 99,174 of which comprised babies, 17,951 pre-school children and 12,583 older children. In addition 1282 expectant mothers visited the centres.

Lectures.—Lectures on Mothercraft were given in 39 schools to senior girls and 468 certificates of competency issued following examination.

Immunisation.—There were immunised against Diphtheria and Pertussis 497 children, among whom 49 did not receive the complete course. There was a reduction in numbers during spring and summer months because of a circumscribed mild epidemic of poliomyelitis.

Medical Supervision.—A paediatrician has paid weekly visits to the centres at Hobart, North Hobart and Moonah in the South, to the Central Clinic at Launceston and to the clinic at Burnie.

Pre-natal Care.—Pre-natal care is part of the sisters' duties in all centres but at the Moonah centre this care is given by a member of the medical staff of the Royal Hobart Hospital.

Home Visiting.—It will be noted that visits to the parents' homes constitute a very important part of the sisters' duties. It is in the homes that the greatest degree of confidence can be established between the mother and the sister, without which the maximum value of the service cannot be reached.

Infant Mortality.—The yard stick by which the value of the Child Welfare Service is measured is the Infantile Mortality. For the twelve months ended December 31st, 1949, the Infant Mortality in the State reached the lowest level in the State's history, viz. 23.9 per 1000 births.

Table E. gives a summary of the work performed by child welfare sisters during the year ended 30th June, 1950.

TABLE E.
SUMMARY of Work Performed by Child Welfare Sisters during the Year ended 30th June, 1950.

No. of Centres.	Visits to Individual New-born Babies.	Subsequent Visits to Mothers.	Visits to Expectant Mothers.	Total Visits to Homes.	Individual Babies Attending Centres.	Total Attendances at Centres by Babies.	Total Attendances at Centres by Expectant Mothers.	Total Attendances at Centres.
74 (Including 4 Mobile Units)	7600	37,814	3548	48,962	16,318	99,174	1282	130,960
Southern Tas.	3699	18,169	2682	24,550	8492	48,097	696	66,806
Northern Tas.	3901	19,645	866	24,412	7826	51,077	586	64,154

Mothercraft Home.—The Mothercraft Home, which is a training centre for Child Welfare Sisters and Mothercraft Nurses is a Departmental Institution, which admits babies suffering from dietetic irregularities. The number of admissions was 241.

The number of certificates issued after examination was—

To Child Welfare Sisters	10
To Mothercraft Nurses	7

In addition two Child Welfare Certificates and eight Mothercraft Certificates were issued to trainees at Calvary Hospital.

The evidence of the need for a modern, well equipped Mothercraft Home in Hobart is mounting. The maintenance cost of the present building is high and increasing. However, despite the lack of modern conveniences, the Matron and nursing staff have maintained a high level of efficiency in both teaching and nursing.

The report of the Matron is contained in Appendix III.

TABLE F.
INFANTILE Mortality.
Number of Deaths under One Year in Tasmania
for the last 10 Calendar Years.

	Year.									
	1940.	1941.	1942.	1943.	1944.	1945.	1946.	1947.	1948.	1949.
Deaths.....	176	255	224	226	199	159	207	195	193	170

Infantile Mortality Rate (Deaths per 1000 Births).

Year.	Tasmania.	N.S.W.	Victoria.	Queens- land.	South Australia.	Western Australia.	New Zealand.	North. T'tory	Aust. Cap. Ter.	Aust.
1940.....	35.2	39.0	39.5	35.3	35.5	46.5	30.2	46.2	7.0	38.7
1941.....	49.0	43.8	36.2	39.1	32.5	35.3	29.7	83.3	16.4	39.7*
1942.....	42.2	40.1	41.8	34.8	39.5	36.8	28.7	43.5	25.5	39.5*
1943.....	40.4	36.2	35.8	37.8	36.7	32.6	31.3	75.0	18.6	36.3*
1944.....	38.3	30.7	33.0	31.3	29.0	32.7	30.1	22.5	23.4	31.3*
1945.....	27.5	30.6	28.0	29.8	28.0	29.6	28.0	55.6	12.4	29.4*
1946.....	30.2	30.2	27.2	29.3	27.1	31.1	26.1	30.3	19.3	29.6*
1947	27.3	29.8	26.3	30.8	24.3	30.9	25.0	43.5	19.9	28.5*
1948.....	27.7	30.3	23.9	27.9	29.6	25.6	22.0	35.7	23.4	27.7*
1949.....	23.9	27.3	21.9	24.7	27.7	26.0	(a)	28.9	15.9	25.26*

* Excludes New Zealand
(a) Not available.

TABLE G.
*TABLE showing the Principal Causes of Death of Children under 1 Year of Age in
Tasmania in each Year from 1940 to 1949.*

Causes of Death and Classification Number.	1940.	1941.	1942.	1943.	1944.	1945.	1946.	1947.	1948.	1949.
8. Scarlet Fever, &c. ....	...	...	...	...	...	...	...	...	...	...
9. Whooping Cough .....	...	25	1	2	8	1	...	4	4	2
10. Diphtheria and Croup .....	...	2	1	...	1	2	1	...	...	...
Other Epidemic Diseases	2	...	5	2	3	1	2	3	4	5
12. Tetanus .....	...	...	...	...	...	...	...	...	...	...
14a. Tubercular Meningitis .....	...	1	1	...	1	...	2	...	...	...
30. Syphilis .....	...	...	...	...	...	1	...	1	1	...
35. Measles .....	...	...	2	...	...	1	...	...	...	...
86. Convulsions	2	2	1	2	...	1	...	1	...	...
106. Bronchitis.....	...	3	1	1	3	1	1	1	1	3
107. Broncho-pneumonia	21	23	32	22	24	10	15	20	18	19
108, 109. Pneumonia	2	5	7	10	3	4	2	2	5	2
119. Gastro-Enteritis, Diarrhoea, & Enteritis	3	2	7	13	5	4	2	2	6	...
Other Diseases of the Stomach .....	...	2	...	...	...	...	...	...	...	2
157. Congenital Defects	21	18	17	20	24	20	21	19	19	21
158. Debility, Marasmus.....	11	18	10	14	7	5	3	3	...	2
159, 160. Premature Birth and Injury at Birth ...	76	105	89	82	87	81	110	107	100	72
161. Other Diseases of Early Infancy	27	33	33	41	14	15	26	18	11	25
Other Causes	11	16	17	17	19	12	22	14	24	17
Total	176	255	224	226	199	159	207	195	193	170
Infantile Mortality Rate (per 1000 Births) ..	35.2	49.0	42.2	40.4	38.3	27.5	30.2	27.3	27.7	23.9
Total Births	4994	5206	5305	5597	5200	5785	6847	7140	6979	7110

TABLE H.
(Showing Ages and Causes of Death under
One Year—1949).

Causes of Death and Classification Number.	Under 1 year.				
	Under 1 week.	1 week and under 1 month.	1 month and under 3 months.	3 months and under 6 months.	6 months and under 1 year.
6 Cerebro-Spinal Meningococcal Meningitis .....	...	...	...	2	1
9 Whooping Cough .....	...	...	...	1	1
33 <i>b</i> Influenza without respiratory complications .....	...	...	...	...	1
36 Acute Poliomyelitis .....	...	1	...	...	...
64 Diseases of Thymus Gland .....	...	...	...	...	1
80 <i>b</i> Encephalitis .....	...	...	...	1	1
81 <i>a</i> Simple Meningitis .....	...	...	...	...	1
83 <i>a</i> Cerebral Haemorrhage and Ap- oplexy	1	...	...	...	1
84 <i>a</i> Mental Deficiency	2	...	...	...	...
106 <i>a</i> Acute Bronchitis .....	...	1	...	1	...
106 <i>c</i> Bronchitis unspecified .....	...	...	1	...	...
107 Broncho-Pneumonia	3	5	5	2	4
108 Lobar Pneumonia .....	...	...	...	...	2
129 Peritonitis without Specified Cause .....	...	...	...	1	1
133 Nephritis unsp-cified .....	...	1	...	...	...
157 <i>a</i> Congenital Hydrocephalus...	...	...	3	...	1
157 <i>b</i> Spina Bifida and Meningocele.	...	2	...	...	...
157 <i>c</i> Congenital Malformation of the Heart	1	1	2	...	1
157 <i>d</i> Monstrosities	2	...	...	...	...
157 <i>e</i> Congenital Pyloric Stenosis ...	...	...	1	...	...
157 <i>i</i> Other Congenital Malformations	3	1	...	...	3
158 Congenital Debility	1	1	...	...	...
159 Premature Birth	56	2	...	1	...
160 Injury at Birth	11	1	...	...	1
161 <i>a</i> Asphyxia, Atelectasis	14	...	...	3	...
161 <i>e</i> Haemorrhagic Conditions of the Newborn	3	1	...	...	...
161 <i>g</i> Other Diseases peculiar to First Year of Life	4	...	...	...	...
170 <i>c</i> Other Automobile Accidents...	...	...	...	1	...
182 Accidental Mechanical Suffoca- tion .....	...	1	...	3	...
195 <i>d</i> Other Accidents .....	...	...	1	...	1
200 <i>b</i> Unknown or unspecified	1	...	...	...	...
TOTAL	102	18	13	16	21

mothers individually rather than to act as consultants to head teachers in the treatment of minor cuts and abrasions. With this end in view, Sisters in town areas have been visiting the homes of all children who have come to school for the first time and discussing with the mothers the general problems that arise in the pre-school and school child, including goitre prevention and immunisation. In all, 4160 visits have been made to homes by seven full-time Sisters and four others, one of whom is part time and the others have worked with the Department less than three months. In addition, the parents of children entering school for the first time have been invited to attend school medical inspections. As far as can be judged, both these innovations are popular with the parents, and the Sisters report that they themselves are finding greater interest and variety in their work. The school medical officers find that the presence of the mother at the medical inspection furnishes a unique opportunity for teaching and explaining to the mothers the best ways of bringing her child up to be positively healthy rather than to be merely negatively without disease.

In the past year 16,291 pre-school and school children have been examined out of a total school population of 44,000. It is desirable that each child in the State should be examined every two years, but unfortunately this objective has not been reached. It is hoped that next year a scheme for utilising general practitioners in the school medical service will come to fruition, and close this gap between what is desired and what is attained.

A start has also been made this year on the compilation of statistics of defects occurring in pre-school and school children throughout the State. A table of a group of 5171 children is given in Table I. Next year a further study is to be made, and a more detailed analysis of the type of defect occurring in the various age groups will be compiled.

The commonest type of defect found is dental caries, which formed 54 per cent of all defects found. Only 23 per cent of these cases were treated but, with the additions recently made to the school dental service, it is hoped that next year will see an improvement.

SCHOOL MEDICAL SERVICE.
This year an endeavour has been made to shift the emphasis of the school medical service from the schools into the homes of the children. The aim is to provide an educational service to the

In all, out of 16,291 children examined 9430 were found to have defects (58 per cent) which were notified to parents. In consequence 2744 children were treated (27 per cent).

TABLE I.
SURVEY of 5171 Children, Showing Occurrence of Defects at Different Age Levels.

		Entrants	7-8 years	10-11 years	12-13 years	14-15 years	16-17 years	Total
No. of children seen.	Boys	749	527	421	437	257	73	2464
	Girls	808	481	459	601	325	33	2707
	Total	1557	1008	880	1038	582	106	5171
Percentage Defects Found.								
Physical defects.	Boys	Per cent. 33	Per cent. 25.3	Per cent. 27.8	Per cent. 22.4	Per cent. 24.1	Per cent. 45.2	
	Girls	25.3	30.1	26.0	24.5	11.0	69.7	
Dental defects.	Boys	17.3	25.3	31.1	33.6	36.5	26.0	
	Girls	18.1	30.1	34.4	27.3	20.3	21.2	

Type of Defects Found (Per Cent)—All Age Groups.

	Per cent.		Per cent.
Tonsils	21.4	Skin	5.4
Eyes	15.6	Ears	2.7
K.K.	12.5	Other orthopaedic defects	2.3
Thyroid (visible enlargement)	6.8	Lungs	1.2
Heart	5.9	Miscellaneous	11.9
Posture	5.9		

Includes cases being treated, e.g. visual defect wearing glasses.

SCHOOL DENTAL SERVICE.

For the greater part of the year there were only three dentists on the permanent staff. In May Mr. Sims joined the Service, making four clinics operating at the present time. During the year some private dentists visited various country centres and did extractions.

The building of three mobile clinics has been authorised and they are expected to be finished about the end of 1950.

Children attending schools in the following centres have been afforded dental treatment during the year:—Launceston and surrounding country districts, Hobart and surrounding country districts, Devonport, East Devonport, Ulverstone, North Motton, West Zeehan, Zeehan Convent, Tullah, Cape Barren Island, Williamsford, Rosebery, Campbell Town, Rossarden, Avoca, Campania, Richmond, Colebrook, Swansea, St. Helens, Dover, Hythe, Raminea.

Some preventive dentistry has just been commenced, in the form of topical application of Sodium Fluoride.

A total of 11,399 visits were paid to the clinics, comprising 6170 new visits and 5229 repeat visits.

Treatments afforded were as follows:—

Treatments	8958
Fillings	4585
Extractions	9092
Cleanings	810
TOTAL	23,445

NUTRITION SECTION.

Nutrition surveys carried out by the Commonwealth Department of Health in 1944 and 1945 revealed that many families in Tasmania were not eating sufficient of the foods which contribute to a balanced diet. It was considered that a programme of nutrition education was required to remedy the situation. The position of Nutrition Officer was created in the Public Health Department in 1946 and the first appointment to the position was made in February, 1947. In 1948 a second position for a dietitian was created. Both the position of Nutrition Officer and Dietitian have now been filled.

The programme of nutrition education has two main objectives, education of parents and the teaching of nutrition to children. A third type of service is being developed, viz. an advisory service on institutional feeding. In addition lectures on the application of nutritional principles in the treatment of disease are given on request to nursing trainees.

Talks are given, on request, to groups of parents, mainly at meetings of Mothers' Clubs and of Parents and Friends Associations of schools. It is gratifying to note that the number

of requests for talks is increasing. Twenty-six talks were given between July, 1949, and June, 1950, nineteen of which were given this year. In addition broadcasts have been made over both national and commercial radio stations.

Special attention has been directed to helping expectant and nursing mothers to choose suitable menus. With this object in view the Nutrition Officer visits pre-natal centres at hospitals and child welfare centres, where personal advice is given to women attending these centres.

A course of lectures on nutrition has been incorporated in the training for child welfare sisters and mothercraft nurses, and from time to time refresher lectures are given to trained sisters. It is these trained workers who are daily coming into contact with mothers throughout the State.

Apart from occasional broadcasts in children's sessions, the work with school children is carried out through the schools. The media are the publications of the Education Department to which special articles are contributed from time to time.

The number of school canteens and school milk schemes has increased greatly during the last eighteen months. At the present time more than 1000 children eat lunch at a school canteen and several thousands more receive milk at school, at least during the winter months. Although the canteens are administered by the staff of the Education Department, technical advice and assistance is provided by the staff of the Nutrition Section of the Public Health Department.

The teaching of nutrition is part of the school curriculum. Lectures on the subject are given to trainee teachers and, from time to time, refresher lectures are given to school sisters. Some work has been done through the medium of the A.B.C. by broadcasts to schools.

Apart from the work with school canteens, which is State-wide, activities to date have been confined to Hobart and Launceston. It is intended as far as practicable to extend existing services to other parts of the State during the coming year.

Goitre Problem.—Endemic goitre, which the survey in February, 1949, showed to be a problem of State-wide importance, continues to be attacked by the distribution through the schools of tablets containing 10 mgms. of potassium iodide to all children up to the age of 15 years.

Although there has been some falling off in the enthusiasm with which this method of prophylaxis has been received, in general the taking of the tablets is being maintained at a high level.

C. L. PARK, M.D., D.P.H.,
Director of Public Health.

APPENDIX I.

REPORT OF CHIEF HEALTH INSPECTOR FOR THE
YEAR ENDED 30TH JUNE, 1950.*Staff.*

Consequent on this Department taking over certain health functions in the Richmond Municipality. Mr. R. W. Kelly the local Inspector was appointed a part-time Inspector with the Department.

It is with regret that the death is recorded of part-time Inspector, Mr. J. Cooper, who acted in that capacity for this Department in conjunction with the Portland Municipality. So far the vacancy caused has not been filled.

Sanitary Surveys and Special Inspections.

Sanitary surveys, special inspections, and enquiries were carried out in all municipalities of the State.

In the course of these visits, attention was directed to domestic water supplies, nightsoil, garbage, and drainage disposals, protection of food from contamination in boarding and guest houses, stores, butchers' shops, bakers' shops, restaurants, dairying and licensed premises, and other places where food is manufactured, prepared, processed, and sold.

The safety of the public, sanitation, and maintenance at places of public entertainment also received attention.

Details of the above inspections (which exclude those performed by part-time inspectors engaged in municipal districts where health services are directly controlled by this Department) are set out hereunder.

Nature of Inspection.	Number of Inspections.	Number of matters requiring attention.
Bacteriolytic tanks, including sites and plans	1660	424
Bakeries	120	51
Buildings and plans (private)	73	34
Buildings and plans (public)	25	8
Boarding and guest houses	64	42
Dairying premises and milk depots	132	22
Disinfections and fumigations	7	—
Domestic inspections	85	32
Drainage	143	70
Food premises	617	133
Fruit processing premises	438	1
Garbage depots	53	12
Hospitals, including sites and plans	19	4
Offensive trades	204	61
Places of public entertainment	227	106
Reserves, beaches, and showgrounds	128	44
Sale yards	10	1
Sanitary depots and services	38	8
Schools	185	37
Spirit testing (alcoholic)	990	4
Miscellaneous	138	49
Subdivisions of land	16	—
Water supplies	23	4
Wharves, jetties, &c.	10	2
Sewerage schemes	2	—
Inspection of berry fruits	9037	10

Two hundred and two orders were served under the Public Health and Food and Drugs Acts for improvement of conditions. With four exceptions these were complied with. Legal proceedings were instituted against defaulters, with the result that defendants were convicted and penalties amounting to £19 10s. 0d. imposed.

Public Health Act—Health Inspectors.

The acute shortage of qualified health inspectors available for appointment with municipal councils still exists.

In a former report attention was drawn to the necessity of forming classes with a view to instruction being given to persons wishing to qualify for the required certificates. A move has been made in this direction by the Hobart Technical College where classes are being conducted for those wishing to obtain both the Health and Food Diplomas.

Bacteriolytic Tank Installations.

A record number of 996 new installations was approved by the Director of Public Health, this being an increase of 98 tanks over 1948-49. Good progress has been made in Scottsdale where a bacteriolytic tank sewerage scheme is replacing the pan system; some 200 installations having already been effected. A similar scheme for Port

Cygnets has been approved, and is to be commenced in the near future. The advice of health inspectors is being continually sought by the public anxious to instal bacteriolytic tanks where ample water supplies and suitable soil for absorption of effluent are available.

Disposal of Drainage.

Much difficulty is still being experienced through nuisances caused by lack of provision being made for the satisfactory disposal of household drainage in unsewered areas. It has been proved that the cause of most of the trouble is through insufficient consideration having been shown in the matter of drainage disposal before the erection and occupation of houses. These difficulties could to a great extent be prevented by local authorities giving more consideration to the disposal of domestic wastes, before subdivisions of land are approved and the construction of houses permitted. If this procedure was adopted, many of the nuisances being caused in this regard could be prevented.

Shortage of Housing Accommodation.

Despite the large number of new dwellings being completed no appreciable improvement in satisfying the present demand for homes is evident. Health Inspectors are continually engaged in investigating complaints regarding overcrowding, in addition to enquiring into the occupation of substandard and insanitary accommodation. Where possible repairs are being effected and matters improved but, owing to the shortage of manpower and materials, the progress in effecting improvements is slow.

Food and Drugs Act.

Four hundred and eighteen samples of food (including 177 milks) were procured for analytical examination.

Of these samples, eight milks, four alcoholic spirits and two sausages were found below the required standard. Legal proceedings were instituted in five instances. Defendants were found guilty and fines and costs imposed amounted to £43 14s. 6d.

Warnings were issued when minor breaches of the law were detected.

Food condemned consisted of 29 cases of apples, 1140 lbs. of frozen fish, and 4,398 lbs. of berry fruit.

Berry Fruits and Pulp.

The inspection of consignments of berry fruits delivered to processing factories was again continued throughout the season. Additional inspectors were appointed to carry out this work which entailed an examination of 9037 consignments. Although a vast improvement in the quality of fruit delivered was observed, a few growers were found forwarding fruit which contained added water. Appropriate measures were taken in these cases.

Glass-Washing Machines.

Amendments to the Food and Drugs Regulations now provide for mechanical glass-washing machines of a kind approved to be installed in licensed premises, clubs, milk bars and soft drink bars.

A number of these apparatus are on the market which have been approved by the Director of Public Health.

Places of Public Entertainment Act.

The Committee of officers of the Hobart Fire Brigade, Hobart City Council, and this Department is still engaged in consolidating regulations under the above Act.

Numerous plans of proposed new halls, with additions and alterations to existing buildings, have been examined and reported on with a view to affording a greater degree of safety and comfort to the public.

New fireproof cinematograph cabinets constructed at many halls have replaced the portable cabinets formerly in use.

Conclusion.

In conclusion, I desire to thank Council Clerks and Local Health Inspectors for their co-operation and assistance. The Inspectorial Staff has given loyal and conscientious service during the year.

H. H. PARKER, M.R.S.I.,
Chief Health Inspector.

APPENDIX II.

REPORT OF GOVERNMENT ANALYST FOR THE
YEAR ENDED 30TH JUNE, 1950.*Staff.*

Mr. K. M. Stackhouse, B.Sc., A.R.A.C.I., joined the staff in October, and Mr. G. H. Payne, M.Sc., A.R.A.C.I., joined in June.

Chemical Analyses and Investigations.

The following tables show the materials examined, and the sources from which they were received:—

Table I.—Materials Examined, in Order of Numerical Importance—

Foods	882
Petroleum products (oils, petrol, kerosene, &c.)	233
Water	211
Soil	189
Plant nutrition and culture	123
Thermometers and hydrometers	77
Alcoholic liquors	74
Animal nutrition	58
Animal toxicology	51
Human milks	44
River pollution	40
Fertilisers and agricultural lime	35
Pesticides	29
Human toxicology	27
Textiles and paper	25
Drugs and medicines	23
Paints and building materials	19
Disinfectants and preservatives	15
Criminal investigation exhibits	13
Industrial hygiene (air, dust, &c.)	7
Feeding stuffs	6
Chemicals	5
Yacca Gum	4
Soap and cleaning materials	2
Metals and minerals	2
Fuel	2
Vegetable oil	1
Total	2197

Table II.—Sources of Samples—

State Departments:	
Health	443
Agriculture	389
Forestry	47
Police	37
Transport	13
Supply and Tender	9
Premier's	9
Agricultural Bank	7
Public Works	5
Attorney-General's	4
Lands and Surveys	3
Hydro-Electric Commission	3
Labour and Industry	1
Museum	1
Commonwealth Departments:	
Trade and Customs	371
Commerce and Agriculture	77
C.S.I.R.O.	24
Postmaster-General's	7
Works and Housing	3
Civil Aviation	1
Army	1
City Councils and Local Authorities	261
Child Welfare Centres	45
Hospitals	25
Private firms and persons	411
Total	2917

The following table shows the number of samples examined in the post-war years:—

1945	1631
1946	1734
1947	1634
1948	1988
1949 (first 6 months)	1125
1949-50	2197

Numbers alone do not give a complete picture of the work of the laboratory, some of which is advisory, but they are an indication of the growing calls on our services.

Food and Drugs Act Analyses.

The following table summarises the results of analyses of food samples taken officially by inspectors under the Food and Drugs Act:—

Foodstuff.	Number of Samples Received.	Number Below Standard.
Baking chemicals	2	....
Beverage foods	5	....
Bread	25	3
Butter	12	2
Cheese	7	....
Coffee	5	....
Cordials	10	....
Coffee essence	1	1
Confectionery and sugar	6	2
Cake, pudding and pastry mixes	7	....
Cream	10	10
Custard and dessert powders	11	2
Diabetic foods	1	1
Edible fats	6	3
Essences	2	....
Flour (including self-raising flour)	7	2
Fish (tinned)	18	....
Fish paste	1	1
Food colours	1	1
Gelatine	1	....
Jam	4	....
Jelly crystals	4	2
Margarine	2	1
Meat products (canned)	14	....
Meat and vegetable extracts	3	....
Milk	251	42
Pepper	3	....
Sausages	7	3
Spreads	3	1
Spaghetti (canned)	1	....
Salad dressing	1	....
Sauces, pickles and condiments	7	1
Soup (canned)	2	....
Spirits	4	4
Tea	1	....
Vegetables (canned)	8	....
Wine	5	5
Totals	458	87

The proportion of samples which failed to comply with the food and drugs regulations was 19 per cent. Of the milk samples, 14.3 per cent were below standard. This is a high proportion, although lower than the figures for the first half of 1949 and the whole of 1948, 21.9 and 15.6 respectively.

Milk.

The position as regards milk samples is shown in the following table:—

	No. of Samples.	Percentage of Total.
Complied with standard	251	85.7
Deficient in fat only	5	1.7
Below standard in non-fatty and/or total solids but not watered	29	9.9
Watered	7	2.4
Foreign matter	1	0.3
Total	293	100.0

The proportion of sub-standard but not watered samples below standard in non-fatty solids is very high. It appears to be due to a combination, in Southern Tasmania at least, of breeds yielding low quality milk and poorly pastured and fed herds. A thorough chemical survey of all herds would be well worth while.

Miscellaneous Food Standard Infringements.

In foods other than milk, failures to conform to the regulations were often due to non-compliance with the requirements for labelling, such as declaration of preservatives, artificial colouring, &c. Other shortcomings were as follows:—Three out of Twenty-five samples of bread showed the presence of foreign matter such as dirt, sooty matter, and, in one case, the head end of an unused match. Special attention is being paid to complaints of poor quality in bread. Actual "quality" as distinct from composition, cleanliness and excess water, is a feature which is not controllable by regulation, even though there is no question when poor bread is encountered. However, the position is being watched.

A sample of flour was contaminated with red colouring matter from the label on the bags. A sample of butter contained a piece of used chewing gum, and another excess water. It is apparent from the number of samples of food-stuffs contaminated by dirt and other foreign matter which have been submitted recently to the laboratory that there is room for the exercise of much more care in the handling, preparation and packing of foods in Tasmania.

A sample of margarine contained excess salt, no starch (required by regulation) and more than the permitted maximum of five per cent of butter fat. In my opinion, however, it is time that margarine makers were relieved of the obligation, which serves no useful purpose, to add a small proportion of starch to their product. The essential thing is that margarine be plainly and distinctively labelled.

A sample of sugar, representative of a quantity which had been supplied to a grocer and retailed, was contaminated with about 0.3 per cent of hydrochloric acid. Several very poor quality samples of almond paste, containing less than 10 per cent of ground almond, were submitted. There is at present no standard for this product.

The activities of inspectors of the Hobart City Council resulted in the prosecution of a number of persons for selling cream much deficient in fat or containing a large excess of preservative or both. In some cases there were labelling contraventions. Samples received since the end of the year have shown considerable improvement. One satisfactory outcome has been the steps taken by some producers and vendors to have checks made on their supplies at the laboratory. One could wish that more milk vendors would take similar action on their own initiative.

A sample of jelly crystals which had practically no fruit flavour was labelled "flavoured with concentrated fruit juice". Sausages contained excess preservative and starch (bread, &c.), and in one case a considerable deficiency in meat content was found. Four samples of spirits, sent in by inspectors for check after being tested in hotels, were deficient in proof spirit, and examination of five samples of wine resulted in some bulk supplies being condemned on account of deterioration and spoilage. A coffee essence was deficient in caffeine content.

Human Milks.

During the year 44 samples of human milk were examined for clinics, mothercraft homes and at the instance of medical practitioners. Determinations of the iron content of human milk and cow's milk were made for the Nutrition Officer. The amounts reported in the literature are rather conflicting. The results obtained in this laboratory were as follows:—

Human milk (Hobart)—	Iron (Fe) p.p.m.
5 mothers (mixed sample)	1.5
7 mothers (mixed sample)	0.8
Cow's milk (about 200 gallons bulk milk at depot)—	
Sorell district	0.3
Huonville district	0.5

Waters, River Pollution, &c.

Two hundred and seven (207) samples of water, fourteen (14) samples of trade wastes, and twenty-six (26) samples of sand, the last in connection with beach pollution, were examined. The waters were tested mainly as to suitability for human consumption, farming (stock and irrigation) requirements, or to discover the cause of troubles such as corrosion, discolouration, &c. A considerable amount of time was devoted to giving advice on treatment of water supplies.

Some time was devoted to co-operation with the Hobart city engineer's officers in their investigation of beach pollution at Long Beach, Sandy Bay. Samples of sand and river water were collected and examined, and assistance has been given in constructing sampling apparatus for further investigations of River Derwent water.

An interesting deposit taken from wooden water mains at Penguin, where it periodically practically blocks the pipes, was found to consist largely of iron oxide with a small quantity of manganese oxide, interspersed with fungal filaments. The iron bacterium *Leptothrix* has since been isolated from this.

Toxicology, Police Investigations, &c.

Thirty-two specimens were examined in connection with seventeen cases of suspected human poisoning or illness. In one case hydrocyanic acid was detected. In another, a person, said to be a homeopath, had been supplied with pills containing phosphorus, and later died showing symptoms of phosphorus poisoning. On examination the pills were found to contain yellow phosphorus to the extent of a little over one-twentieth of a grain in each pill. The usual medicinal dose of elemental phosphorus is one-hundredth to one-fiftieth grain, and not more than one-thirty second grain in 24 hours.

Twenty-five cases of suspected animal poisoning involved the examination of 51 specimens. Arsenic accounted for six cases, strychnine two, and phosphorus two. The remainder gave negative results.

Owing to the prevalence of thefts of petrol in certain transport concerns, assistance was sought from us by the Criminal Investigation Branch of the Police Department. A suitable chemical, which has been used elsewhere extensively for ear marking petrol, was added to petrol in the bowser tanks. Later it was identified in petrol from drums and tanks in the possession of suspects. This resulted in the detection of several petrol thefts.

Other materials examined in connection with police investigations were—documents, finger-print powder, and soil and textile material in connection with damage to property.

Agricultural Analyses.

Samples examined for the Department of Agriculture totalled 389. These comprised mainly soils, waters, specimens in connection with animal and plant nutrition, pesticides, animal poisoning cases, fertilisers, and agricultural limes. Many soils have been examined for members of the public, but wherever possible tests are confined to ascertaining the lime status of the soil, unless agricultural extension service officers consider that other determinations are worth-while.

A local factory engaged in preparing lime sulphur was turning out a product well below standard. Visits were paid to the factory and tests were made on the lime and the product made under differing conditions. A modified formula and procedure was suggested, resulting in a much improved product.

In connection with a projected scheme for the establishment of a starch factory, analyses of locally grown potato varieties were made. Complete analyses of Brownells, Bismark, Snowflake and Up-to-Date potatoes gave the following results—Water 76.7-82.1, protein 1.59-2.27, starch (diastase method) 11.2-15.4, ash 0.80-1.12, fibre 0.41-0.46, ether extract 0.06-0.13, and crude carbohydrate (by difference) 14.9-20.0.

Plant and Animal Nutrition Analyses.

Analytical work required for the technical services of the Department of Agriculture in this connection is increasing considerably. One hundred and eighty-one samples, exclusive of soils, were examined in this connection. Often extensive and time-consuming determinations are required. The materials examined were, biological specimens in connection with animal nutrition 58, plant nutrition 49, apricot juice in connection with brown rot investigations 74. A considerable amount of experimental work with the newer spraying materials is being done by the plant pathologist and the entomologist, and this will require determinations of spray residues of organic pesticides and fungicides.

It is evident that the staff of the laboratory will have to be increased if this work is to be adequately dealt with.

Commonwealth Departments.

A total of 484 samples was examined for Commonwealth departments, comprising Trade and Customs 371 (oils, liquors, clinical thermometers and miscellaneous materials for tariff classification), Commerce and Agriculture 77 (dairy products), Postmaster-General's Department 7 (documents), C.S.I.R.O., 24 (waters), Works and Housing 3 (soil and oil), Civil Aviation 1 (lubricating oil), and Army 1 (disinfectant). There has been a falling off in the number of samples of liqueurs submitted by the Customs Department owing to this work now being done in a small laboratory of their own.

Local Authorities.

Two hundred and sixty-one (261) samples were submitted by or on behalf of local authorities. These were mainly foods and waters from Hobart and Launceston city council inspectors, and foodstuffs sampled by inspectors of the Department of Public Health by arrangement with the local authorities.

Committees, Information, &c.

A number of meetings of the Food Standards Committee were attended during the year. Some time was spent and several meetings of an inter-departmental committee were attended in connection with the drafting of a new Stock Medicines, Fertilisers and Pesticides Bill.

A considerable amount of time has been spent by myself and other members of the staff in giving information and advice and answering enquiries from Government Departments and members of the public.

Conclusion.

I desire to express my appreciation of the loyal co-operation and support of all members of the staff during the year.

H. E. HILL, F.R.A.C.I., A.R.I.C.,
Government Analyst.

APPENDIX III.

ANNUAL REPORT OF THE MOTHERCRAFT HOME,
NEW TOWN, FOR THE YEAR ENDED 30TH JUNE
1950.

The earlier part of the past year was fraught with difficulties, the most outstanding being shortage of trained staff, and a most unsatisfactory domestic staff. The position has, happily, been rectified in regard to the former, and the nucleus of the domestic staff appears now on a very satisfactory basis, although there have been frequent changes among the younger household helpers.

Two hundred and forty-one babies and mothers enjoyed the benefits of the services rendered by the Home in the twelve months ended June 30th last, and many more wished to participate.

Twenty-nine Child Welfare trainees sat for examination and obtained their certificates during the year.

It is a matter for regret that in spite of a long waiting list of would-be trainees we often find ourselves short of our eleven students when a class commences. Last minute inability to commence training as arranged leaves insufficient time for us to obtain required substitutes.

Only nine instead of the usual ten mothercraft trainees sat for examination during the year, as one, Miss Jacob, contracted poliomyelitis in September last year, and is not yet able to resume her training. The nine who sat were successful in obtaining their certificates.

Many improvements have been made over the year. Blinds and curtains have been supplied for the windows, which previously had none, a sitting room has been supplied for the sisters, which I feel is a largely contributing factor to their present apparent contentment; the Child Welfare and the Mothercraft trainees' sitting rooms have been refurnished, and plans are under way for redecorating and improving the mothers' living room. The milk dispensary equipment, which was in a serious state of disrepair, is gradually being replaced with stainless steel, and a small sterilizing room, which has been transformed from a small store room, is proving a great asset.

Heaters have been installed in the general nursery as well as in the smaller ones, adding immensely to the comfort of the babes and the staff.

The grounds have received considerable attention, a concrete driveway and pathways provided, a lattice fence erected separating backyard from front entrance, and lawns have been sown, which, if receiving more attention, should soon give a very pleasant impression to the observer.

E. M. LOCKE, Matron.

SECTION II.—REPORT OF DIRECTOR OF HOSPITAL AND MEDICAL SERVICES FOR
THE YEAR ENDED 30TH JUNE, 1950.

HOSPITALS.

Public Hospitals.

The demand for treatment at Public Hospitals is still increasing, both as regards in-patients and out-patients. There was an increase of 2.2 per cent in in-patients, and an increase of 5.7 per cent in the average daily number of beds occupied. In out-patients the number of new registrations increased by 7.5 per cent and the number of attendances by 11.6 per cent. This increase is due firstly to the increased cost for private treatment diverting many patients from private hospitals to public hospitals, and secondly to the increased special clinics and specialists available at the major base hospitals.

Maintenance costs have increased by 6.1 per cent, the daily cost per bed now being 32s. 11d. This increase in costs has occurred under every heading of expenditure, the most marked being that under Dispensary and Surgical, which has increased by 15.4 per cent. It is noted that expenditure on salaries is 62.5 per cent of the total. Receipts from Commonwealth Grants under the Hospital Benefits, Pharmaceutical Benefits and payment for medical services represent 26 per cent of the total revenue, whereas 68 per cent is provided by the State, only 5 per cent from patients' fees, and 1 per cent from donations, interest on bequests, &c. (See Tables J. & K.).

Consultant Specialists.—Half-yearly visits of the Neurologist and the Plastic Surgeon have been carried on as usual, but the visit of the Neurologist has been extended by one day to enable a visit to be made to the Launceston General Hospital.

Plastic Surgeon's Visits: Total patients seen, 108; Operations performed, 31.

Neurologist's Visits: Total patients seen, 55.

The services of the Orthopaedic Surgeon have been in such demand throughout the State that an Assistant was appointed for Launceston and the North-West Coast and more frequent clinics are now held at the Launceston General Hospital, Devon Public Hospital (Latrobe) and Spencer Public Hospital (Wynyard). The following indicates the growth of work in this Department:—

Orthopaedic Statistics.		
Hospital.	Operations Performed.	Patients seen (Fractures, Children, Physiotherapy, General).
Royal Hobart	368	6804
Launceston General	29	265
Devon, Latrobe	39	506
Spencer, Wynyard	28	340
Lyell, Queenstown ....	....	50
Totals	464	7965

The extension of this work has necessitated an increase in the number of Physiotherapists, and Physiotherapy Departments will shortly be established at both the Devon Public Hospital and

TABLE J.

Public Hospitals—Summary of Receipts and Payments and Costs for Year 1949-50.

Hospital	Balance at 1st July, 1949		MAINTENANCE RECEIPTS										MAINTENANCE PAYMENTS (NET)							Balance at 30th June, 1950		In-Patients Costs (1)		Out-Patients Costs (2)		Average Cost Per Daily Occupied Bed (Adjusted Average) (3)
	Debit	Credit	Commonwealth Aid				State Aid	Patients' Payments	Donations, Auxiliaries, &c.	Interest from Bequests	Misc. Income	Total Receipts	Salaries and Wages	Provisions	Domestic	Dispensary and Surgical	Adminis- tration	Repairs, &c.	Total Payments	Debit	Credit	Per Daily Occupied Bed	Per Patient	Per Attendance	Per Patient	
			Hospital Benefits	Pharmac. Benefits	Doctors' Salaries	Total																				
Major Base Hospitals	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	s. d.	£	s. d.	s. d.	s. d.
Royal Hobart (inc. Vaucluse I.D. and Wingfield Home) .....	.....	21	52,602	7,995	4,479	65,076	208,112	6,204	73	317	2,984	282,766	176,213	34,069	23,530	33,649	8,310	4,254	280,025	.....	2,762	36 2	20 18 6	5 0	15 4	35 1
Launceston General .....	.....	5144	42,106	4,035	3,466	49,607	148,887	7,763	.....	.....	777	207,034	138,586	23,786	17,747	23,008	5,923	3,127	212,177	.....	1	39 4	37 7 1	5 0	20 11	39 5
Totals .....	.....	5165	94,708	12,030	7,945	114,683	356,999	13,967	73	317	3,761	489,800	314,799	57,855	41,277	56,657	14,233	7,381	492,202	.....	2,763	37 6	25 19 9	5 0	16 11	36 10
Minor Base Hospitals																										
Devon, Latrobe	673	.....	12,119	500	940	13,559	47,135	152	41	17	82	60,986	37,086	8,899	5,888	5,911	2,878	748	61,410	1,097	.....	40 9	22 9 9	2 6	3 7	39 5
Spencer, Wynyard .....	.....	24	8,668	35	1,650	10,353	19,925	14	9	.....	.....	30,301	19,510	4,420	3,599	2,093	868	568	31,058	733	.....	28 6	17 17 1	2 6	5 0	28 4
Lyell, Queenstown .....	.....	13	5,181	330	800	6,311	18,600	.....	237	.....	16	25,164	14,183	4,099	3,262	2,553	758	317	25,172	.....	5	37 7	27 18 10	2 6	7 3	35 11
Totals	673	37	25,968	865	3,390	30,223	85,660	166	287	17	98	116,451	70,779	17,418	12,749	10,557	4,504	1,633	117,640	1,830	5	36 0	21 17 6	2 6	5 3	35 1
Maternity Hospitals																										
Queen Victoria, Launceston (inc. St. Ives Conv. Hospital)	132	.....	7,844	722	.....	8,566	9,300	15,784	312	180	.....	34,142	18,893	4,031	3,689	961	5,404	947	33,925	.....	85	34 11	19 1 9	2 6	8 10	34 10
Queen Alexandra, Hobart .....	.....	323	5,118	321	.....	5,439	10,250	9,151	36	4	16	24,896	14,258	5,433	3,030	520	971	434	24,646	.....	573	37 11	27 1 5	2 6	8 5	37 9
Totals	132	323	12,962	1,043	.....	14,005	19,550	24,935	348	184	16	59,038	33,151	9,464	6,719	1,481	6,375	1,381	58,571	.....	658	36 1	21 15 9	2 6	8 7	36 0
Country and Cottage Hospitals																										
Zeehan District	125	.....	2,553	171	.....	2,724	7,350	.....	84	.....	.....	10,158	6,425	1,277	954	851	449	270	10,226	193	.....	30 7	20 13 11	2 6	4 6	29 0
N.E. Soldiers' Memorial, Scottsdale	28	.....	2,244	56	.....	2,300	9,825	122	.....	28	.....	12,275	8,193	864	1,148	1,051	714	295	12,265	18	.....	38 6	20 7 11	2 6	10 8	37 2
Campbell Town .....	.....	146	2,164	.....	692	2,856	8,133	97	42	21	35	11,184	7,985	1,388	745	436	434	191	11,179	.....	151	41 2	23 9 9	.....	.....	41 2
Ulverstone General .....	.....	58	2,103	.....	1,000	3,103	6,400	84	3	19	69	9,678	6,595	797	775	1,002	424	133	9,726	.....	10	36 8	14 1 1	.....	.....	36 8
New Norfolk .....	.....	.....	1,680	164	520	2,364	5,530	.....	.....	.....	.....	7,894	5,327	1,017	849	354	221	125	7,893	.....	1	35 1	17 3 1	2 6	5 10	31 10
Beaconsfield .....	.....	187	1,735	.....	400	2,135	4,950	21	11	53	.....	7,170	5,459	700	781	660	291	103	7,994	637	.....	34 5	16 9 8	.....	.....	34 5
Meecroft, Devonport .....	.....	.....	1,599	3	388	1,990	7,477	.....	.....	.....	.....	9,467	5,838	1,126	951	490	276	227	8,908	.....	559	45 2	25 4 4	2 6	10 11	45 1
King Island .....	.....	.....	1,204	38	.....	1,242	6,700	.....	.....	.....	.....	7,945	4,190	922	1,363	832	512	126	7,945	.....	.....	43 4	19 17 6	2 6	5 0	41 3
St. Marys .....	.....	15	1,262	13	500	1,775	5,750	39	.....	.....	.....	7,564	5,049	874	899	361	203	137	7,523	.....	56	49 6	28 17 1	2 6	6 11	48 8
Bowmont, Franklin .....	.....	55	898	77	.....	975	5,600	.....	.....	.....	.....	6,575	4,255	798	594	909	229	45	6,830	200	.....	59 9	27 17 2	2 6	3 11	52 2
Levenbank, Ulverstone (4) .....	.....	.....	564	.....	.....	564	2,550	665	.....	.....	.....	3,779	2,248	351	831	90	104	94	3,718	.....	61	46 0	23 4 9	.....	.....	46 0
Totals	153	461	18,006	522	3,500	22,028	70,265	1,028	140	121	107	93,689	61,564	10,114	9,890	7,036	3,857	1,746	94,207	1,048	838	39 8	20 7 3	2 6	6 2	38 4
Bush Nursing (13 Hospitals) .....	.....	.....	1,939	462	.....	2,401	16,594	.....	.....	.....	.....	18,995	11,424	2,281	2,060	1,651	914	665	18,995	.....	.....	73 9	30 17 10	2 6	4 4	54 4
Hospitals for Care of Aged																										
St. John's Park, Hobart .....	.....	.....	19,885	.....	.....	19,885	8,020	.....	.....	.....	.....	27,905	15,205	6,394	5,218	390	491	207	27,905	.....	.....	11 3	93 6 7	.....	.....	11 3
Home for Invalids, Launceston .....	.....	.....	4,834	.....	.....	4,834	1,036	.....	.....	.....	.....	5,870	3,567	861	682	132	27	601	5,870	.....	.....	9 8	122 5 10	.....	.....	9 8
Totals .....	.....	.....	24,719	.....	.....	24,719	9,056	.....	.....	.....	.....	33,775	18,772	7,255	5,900	522	518	808	33,775	.....	.....	10 11	97 6 8	.....	.....	10 11
Miscellaneous																										
Psychopathic Home, Millbrook Rise .....	.....	.....	4,111	406	.....	4,517	7,171	1,506	.....	.....	38	13,232	7,828	2,142	1,604	500	282	876	13,232	.....	.....	23 1	41 4 5	.....	.....	23 1
Mothercraft Home, Hobart .....	.....	.....	2,571	.....	.....	2,571	8,732	.....	.....	.....	.....	11,303	7,118	1,735	1,462	189	287	512	11,303	.....	.....	34 4	44 10 0	.....	.....	34 4
Peacock Convalescent Home, Hobart .....	.....	2	2,582	.....	.....	2,582	4,425	2	297	33	.....	7,339	4,876	775	737	140	316	165	7,009	.....	332	21 9	12 8 1	.....	.....	21 9
Lady Clark Red Cross Home, Claremont .....	.....	.....	2,936	34	.....	2,970	2,518	776	.....	.....	.....	6,264	4,855	1,134	855	63	378	108	7,393	1,129	.....	16 8	24 8 4	2 6	29 3	17 1
St. Giles Home, Launceston .....	.....	.....	1,922	.....	.....	1,922	948	.....	3,852	306	.....	7,028	2,409	635	258	76	2,202	1,434	7,014	.....	14	28 11	241 17 3	.....	.....	28 11
Totals .....	.....	2	14,122	440	.....	14,562	23,794	2,284	4,149	339	38	45,166	27,086	6,421	4,916	968	3,465	3,095	45,951	1,129	346	24 1	31 5 5	2 6	29 3	24 2
Grand Total	958	5988	192,424	15,362	14,835	222,621	581,918	42,380	4,997	978	4,020	856,914	537,575	110,808	83,511	78,872	33,866	16,709	861,341	4,007	4,610	33 4	25 4 11	4 9	15 1	32 11
Percentages to Total =	.....	.....	.....	.....	.....	26%	68%	5%	.....	1%	.....	100%	62½%	13%	10%	9%	3½%	2%	100%	.....	.....	.....	.....	.....	.....	.....

(1) and (2) Estimated. (3) Adjusted Daily Average is ascertained by adding one to the actual daily average for every 700 new Out-Patients. (4) Figures for 10 months only. (Chest and Mental Hospitals excluded.)

Comparison

	Common-wealth Aid	State Aid	Patients	Donations	Interest from Bequests	Miscel-laneous	Total Income	Wages	Provisions	Domestic	Dispensary and Surgical	Admin.	Repairs	Total Payments	Av. Daily Bed Cost Adjusted
1949-50	222,621	581,918	42,380	4,997	978	4,020	856,914	537,575	110,808	83,511	78,872	33,866	16,709	861,341	1 12 11
1948-49	187,385	507,236	34,251	8,396	761	3,263	741,292	475,946	102,475	77,366	68,306	26,711	15,263	766,067	1 11 0
Increase	35,236	74,682	8,129	3,399 (Less)	217	757	115,622	61,629	8,333	6,145	10,566	7,155	1,446	95,274	0 1 11
=	18·8%	14·7%	23·7%	40·4% (Less)	28·5%	23·1%	15·5%	12·9%	8·1%	7·9%	15·4%	26·7%	9·4%	12·4%	6·1%

Summary of the results of the analysis of the samples of the different types of the material			
Sample No.	Weight of sample, g.	Weight of residue, g.	Percentage of residue, %
1	1.000	0.150	15.0
2	1.000	0.180	18.0
3	1.000	0.200	20.0
4	1.000	0.220	22.0
5	1.000	0.250	25.0
6	1.000	0.280	28.0
7	1.000	0.300	30.0
8	1.000	0.320	32.0
9	1.000	0.350	35.0
10	1.000	0.380	38.0
11	1.000	0.400	40.0
12	1.000	0.420	42.0
13	1.000	0.450	45.0
14	1.000	0.480	48.0
15	1.000	0.500	50.0
16	1.000	0.520	52.0
17	1.000	0.550	55.0
18	1.000	0.580	58.0
19	1.000	0.600	60.0
20	1.000	0.620	62.0
21	1.000	0.650	65.0
22	1.000	0.680	68.0
23	1.000	0.700	70.0
24	1.000	0.720	72.0
25	1.000	0.750	75.0
26	1.000	0.780	78.0
27	1.000	0.800	80.0
28	1.000	0.820	82.0
29	1.000	0.850	85.0
30	1.000	0.880	88.0
31	1.000	0.900	90.0
32	1.000	0.920	92.0
33	1.000	0.950	95.0
34	1.000	0.980	98.0
35	1.000	1.000	100.0

Summary of the results of the analysis of the samples of the different types of the material

Weight of sample, g.

Weight of residue, g.

Percentage of residue, %

TABLE K.

General Statistics of Public Hospitals—Financial Year 1949-50.

Hospital	BEDS AVAILABLE						IN-PATIENTS						BED DAYS						AVERAGE DAILY NUMBER						AVERAGE LENGTH OF STAY						Births (Total of all Babies Born)	OUT-PATIENTS			Adjusted Average Daily Number (4)	
	Non-Public		Public			Total Beds	Non-Public		Public			Total In- Patients	Non-Public		Public			Total Bed Days	Non-Public		Public			Total Daily Average	Non-Public		Public			Overall Average						
	General	Maternity	General	Maternity	Infectious		General	Maternity	General	Maternity	Infectious		General	Maternity	General	Maternity	Infectious		General	Maternity	General	Maternity	Infectious		General	Maternity	General	Maternity	Infectious							
Major Base Hospitals																																				
Royal Hobart (1)	....	....	390	68	43	501	....	....	9,661	1,776	74	11,511	....	....	112,102	20,196	818	133,116	....	....	307.2	55.3	2.2	364.7	....	....	11.6	11.3	13.6	11.5	1,320	50,965	156,559	3.0	437.5
Launceston General	....	....	334	....	52	386	....	....	5,057	....	69	5,126	....	....	95,881	....	1,464	97,345	....	....	262.7	....	4.0	266.7	....	....	18.8	....	21.2	18.9	1	19,803	82,830	4.1	295.0
Totals	....	....	724	68	95	887	....	....	14,718	1,776	143	16,637	....	....	207,983	20,196	2,282	230,461	....	....	569.9	55.3	6.2	631.4	....	....	14.1	11.3	15.9	13.8	1,321	70,768	239,389	3.3	732.5
Minor Base Hospitals																																				
Devon, Latrobe	....	....	85	22	18	125	....	....	2,317	392	2	2,711	....	....	25,179	4,690	30	29,899	....	....	68.9	12.9	0.1	81.9	....	....	10.9	11.9	15.0	11.0	338	2,439	3,524	1.4	85.3
Spencer, Wynyard	....	....	64	18	....	82	....	....	1,241	494	....	1,735	....	....	17,092	4,649	....	21,741	....	....	46.9	12.6	....	59.5	....	....	12.9	9.4	....	12.5	431	324	650	2.0	60.0
Lyell, Queenstown	....	....	52	16	12	80	....	....	693	182	....	875	....	....	10,609	2,382	....	12,991	....	....	29.0	6.5	....	35.5	....	....	15.3	13.0	....	14.8	159	1,997	5,785	2.9	38.3
Totals	....	....	201	56	30	287	....	....	4,251	1,068	2	5,321	....	....	52,880	11,721	30	64,631	....	....	144.8	32.0	0.1	176.9	....	....	12.4	10.9	15.0	12.1	928	4,760	9,959	2.0	183.6
Maternity Hospitals																																				
Queen Victoria, Launceston (2)	....	40	....	23	....	63	....	1,531	....	243	....	1,774	....	16,407	....	2,996	....	19,403	....	44.9	....	8.2	....	53.1	....	....	....	12.3	....	10.9	1,621	145	511	3.5	53.3
Queen Alexandra, Hobart	31	14	45	675	232	907	8,922	4,008	12,930	24.4	11.0	35.4	13.2	17.2	14.2	777	218	736	3.3	35.7
Totals	71	37	108	2,206	475	2,681	25,329	7,004	32,333	69.3	19.2	88.5	11.4	14.7	12.0	2,398	363	1,247	3.4	89.0
Country and Cottage Hospitals																																				
Zeehan District	....	....	33	8	14	55	....	....	390	93	....	483	....	....	5,455	1,080	....	6,535	....	....	14.9	3.0	....	17.9	....	....	14.0	11.6	....	13.5	88	1,010	1,843	1.8	19.3
N.E. Soldiers' Memorial, Scottsdale	....	....	26	9	....	35	....	....	440	138	....	578	....	....	4,802	1,328	....	6,130	....	....	13.1	3.6	....	16.7	....	....	10.9	9.9	....	10.5	127	892	3,817	4.2	17.9
Campbell Town	....	....	22	9	....	31	....	....	399	77	....	476	....	....	4,420	1,005	....	5,425	....	....	12.1	2.7	....	14.8	....	....	11.0	13.0	....	11.3	68	....	....	....	14.8
Ulverstone General	....	....	20	....	....	20	....	....	692	....	....	692	....	....	5,300	....	....	5,300	....	....	14.5	....	....	14.5	....	....	7.6	....	....	7.6	....	....	....	....	14.5
New Norfolk	....	....	8	13	....	21	....	....	226	212	....	438	....	....	2,053	2,226	....	4,279	....	....	5.6	6.1	....	11.7	....	....	9.0	....	....	9.6	....	....	....	....	12.7
Beaconsfield	....	....	20	4	....	24	....	....	451	34	....	485	....	....	4,273	375	....	4,648	....	....	11.7	1.0	....	12.7	....	....	9.5	....	....	9.7	179	1,309	3,041	2.4	13.5
Meercoft, Devonport	....	....	....	15	....	15	....	....	....	353	....	353	....	....	3,944	....	....	3,944	....	....	10.8	....	....	10.8	....	....	11.2	....	....	11.2	285	11	52	4.7	10.8
King Island	....	....	8	4	2	14	....	....	321	71	2	394	....	....	2,673	884	55	3,612	....	....	7.3	2.5	0.1	9.9	....	....	8.3	12.4	27.5	9.1	67	453	910	2.0	10.5
St. Marys	....	....	7	7	....	14	....	....	192	67	....	259	....	....	2,151	866	....	3,017	....	....	5.9	2.3	....	8.2	....	....	11.2	12.9	....	11.6	57	144	397	2.7	8.4
Bowmont, Franklin	....	....	2	9	....	11	....	....	62	178	....	240	....	....	443	1,793	....	2,236	....	....	1.2	4.9	....	6.1	....	....	7.0	10.0	....	9.3	154	734	1,155	1.5	7.7
Levenbank, Ulverstone (3)	8	8	160	160	1,616	1,616	5.3	10.1	10.1	151	5.3
Totals	....	....	146	86	16	248	....	....	3,173	1,383	2	4,558	....	....	31,570	15,117	55	46,742	....	....	86.3	42.2	0.1	128.6	....	....	9.9	10.9	27.5	10.2	1,207	4,553	11,215	2.4	135.4
Bush Nursing (13 Hospitals)	....	....	13	37	....	50	....	....	304	283	....	587	....	....	1,728	3,190	....	4,918	....	....	4.7	8.7	....	13.4	....	....	5.6	11.2	....	7.1	283	3,987	6,900	1.7	19.1
Hospitals for Care of Aged																																				
St. John's Park, Hobart	147	147	299	299	49,733	49,733	136.2	136.2	166.7	166.7	136.2
Home for Invalids, Launceston	34	34	48	48	12,089	12,089	33.1	33.1	251.8	251.8	33.1
Totals	181	181	347	347	61,822	61,822	169.3	169.3	178.1	178.1	169.3
Miscellaneous																																				
Psychopathic Home, Millbrook Rise	50	50	321	321	11,469	11,469	31.4	31.4	35.7	35.7	31.4
Lady Clark Red Cross Home, Claremont	40	40	292	292	8,562	8,562	23.4	23.4	29.3	29.3	25.3
Mothercraft Home, Hobart	28	28	254	254	6,591	6,591	18.0	18.0	25.9	25.9	18.0
Peacock Convalescent Home, Hobart	18	18	565	565	6,456	6,456	17.6	17.6	11.4	11.4	17.6
St. Giles Home, Launceston	19	19	29	29	4,855	4,855	13.3	13.3	167.4	167.4	13.3
Totals	50	....	105	....	....	155	321	....	1,140	....	....	1,461	11,469	....	26,464	....	....	37,933	31.4	....	72.3	....	....	103.7	35.7	....	23.2	....	....	25.9	....	180	2,104	11.6	105.6
Grand Total	50	71	1,370	284	141	1,916	321	2,206	23,933	4,985	147	31,592	11,469	25,329	382,447	57,228	2,367	478,840	31.4	69.3	1,047.3	157.4	6.4	1,311.8	35.7	11.4	15.9	11.4	16.0	15.1	6,137	84,611	270,814	3.2	1,434.5	

(1) Includes Vaucluse I.D. and Wingfield Home.

(2) Includes St. Ives Convalescent Hospital.

(3) Ten months' figures only.

(4) Adjusted daily average is ascertained by adding one to the actual daily average of in-patients, for every 700 new out-patients.

(Chest and Mental Hospitals Excluded.)

COMPARISON					
	Bed Days	In-Patients	Average Daily No.	Out- Patients	Atten- dances
1949-50	478,840	31,592	1,311.8	84,611	270,814
1948-49	452,983	30,901	1,241.0	78,647	242,593
Increase	25,857	691	70.8	5,964	28,221
=	5.7%	2.2%	5.7%	7.5%	11.6%

Spencer Public Hospital. Many of the orthopaedic cases are transferred from all parts of the State for completion of treatment and rehabilitation to the Lady Clark Rehabilitation Centre at Claremont, where there are full facilities for occupational and recreational therapy, under the supervision of the Visiting Orthopaedic Surgeon, and full-time Physiotherapist and Occupational Therapist. This centre was established and maintained by the Red Cross Society, but as from the 1st July, 1950, will be taken over by the Public Health Department, and managed by the Board of the Royal Hobart Hospital.

Ophthalmological services have been maintained at the Devon Public Hospital, King Island and Queenstown Hospitals, and it is expected that these services will be extended in the near future to Flinders Island, Scottsdale and Burnie.

Ear, Nose and Throat Specialist services have been extended to the Spencer Public Hospital, Wynyard, and regular visits by Consultant Obstetricians and Gynaecologists have been inaugurated for Devon Public Hospital, Spencer Public Hospital and Scottsdale Hospital.

An additional Psychiatrist has also been obtained to serve the Northern part of the State and the North-West Coast.

Staff (Medical).—The intern staffs have been maintained at a high standard, several members of which have gained their higher degrees during the past year. Owing to the growth of the Maternity Section at the Royal Hobart Hospital, a Registrar has been appointed for that Section. As both the Royal Hobart and Launceston General Hospitals are now recognised as Training Schools for post-graduate training for higher degrees, positions are eagerly sought, and the standard of resident is of a very high degree.

Visiting Medical Staff.—All visiting medical staff are paid for services rendered for treatment of in-patients, some under the Commonwealth Hospital Benefits Act, others by the State.

Clinico-pathological Meetings are held regularly at both the major base hospitals, as are all meetings of the various Colleges. Post-graduate courses are also given at frequent intervals.

Staff (Nursing).—It is pleasing to record that the number of trained nurses, although not equal to the demand, is greater than last year. Trainees are coming forward in greater numbers, and are generally possessed of a higher educational standard than during the war period. This is probably the result of the publicity campaign, especially amongst the secondary schools.

Post-graduate scholarships have again been granted by this Department for nurses to undergo post-graduate courses at the College of Nursing, Australia, two being awarded this year for the Ward Sister Course. Several sisters have now gained their diplomas, and several more finish this year. They will do much to raise the standard of nursing in the hospitals throughout the State, and the profession generally.

Catering Officer.—The results of the appointment of a Catering Officer at the Royal Hobart Hospital have proved so successful that a similar appointment has been made at the Launceston General Hospital. The Catering Officer has also visited other hospitals, and advised regarding preparation of menus and kitchen management.

Speech Therapist.—During the year a Speech Therapist has been appointed at the Royal Hobart Hospital, and already the appointment has proved very successful and the results most encouraging, particularly in the case of children with impediments of speech, and in post-operative tuition following ear, nose and throat operations, especially for cleft palate and hare lip.

Equipment.—There has been further marked improvement in the equipment of all hospitals, the standard of all being now very high. During the year all maternity hospitals, already supplied with anaesthetic machines, have been supplied with infant resuscitators and humidicribs, and McIntyre resuscitators installed at all major maternity hospitals. X-ray facilities have been improved throughout the State.

Buildings.—Owing to the urgent demand for increased accommodation and facilities at the Royal Hobart and Launceston General Hospitals, and to expedite such work, private architects have been engaged to prepare complete plans for the future development and expansion of each of these major base hospitals. Plans are now in the course of preparation, and work on same is expected to be undertaken at an early date. Burnie Public Hospital is now almost completed and should be opened early in 1951. Extensions to Nurses' Homes have been completed at Queen Victoria Hospital and Spencer Public Hospital, Wynyard, and a new Nurses' Home at Devon Public Hospital is now well under way. Extra accommodation for nurses has been obtained by the acquisition of private residences at Hobart and Launceston. Alterations and additions are also being undertaken in the majority of hospitals throughout the State.

There is still a considerable delay in carrying out hospital works due to shortage of material and labour, and priority given to housing, but there is a gradual improvement each year. It is hoped that, with the employment of private architects for major base hospitals, hospital construction generally will be expedited.

Private Hospitals.

The number of private hospitals licensed is steadily declining, and there has been a decrease in the total number of patients admitted of 4·8 per cent, and a decrease in the daily number of occupied beds of 3·6 per cent, although a slight increase in the average length of stay of 4 per cent. The amount received by private hospitals from the Commonwealth Trust Account has increased by 2·9 per cent, due to the Hospital Benefits Contribution of 8s. per day being maintained throughout the year. Beds available in private hospitals are 16 per cent of the total beds available in all hospitals, excluding Mental Hospitals and Tuberculosis Sanatoria. (See Table L.)

The total number of non-public beds in public hospitals and private hospitals is 21 per cent of the total beds available. (See Table M.)

During the year Windarra Hospital, Smithton, was acquired by the Department, and alterations and additions to same are nearly completed, it being expected to be ready for occupation in September, 1950.

Levenbank Private Maternity Hospital, Ulverstone, was acquired by the Health Department, and is now administered by the Board of Management of the Ulverstone Public Hospital.

During the year Devonport and Beaconsfield were proclaimed Public Hospitals Districts, and Boards constituted according to the Hospitals

Act. The Hospitals Act was amended during the year, and, as from the 1st July, 1950, all Public Hospital Boards throughout the State will be uniformly constituted.

Toosey Hospital, Longford, will become a Public Hospital under a Board of Management as from the 1st July, 1950.

TABLE L.

PRIVATE HOSPITALS.

Return showing Number of Private Hospital Licences Issued, and Private Hospitals Exempted from Applying for a Licence, during the Years 1949 and 1950.

	LICENCES ISSUED								HOSPITALS EXEMPTED							
	Medical, Surgical & Lying-in		Medical and Surgical only		Lying-in only		Total		Medical, Surgical & Lying-in		Medical and Surgical only		Lying-in only		Total	
	1949.	1950.	1949.	1950.	1949.	1950.	1949.	1950.	1949.	1950.	1949.	1950.	1949.	1950.	1949.	1950.
Hobart. ....	...	...	1	1	1	1	2	2	1	1	1	1	...	...	2	2
Launceston ..	...	...	...	...	2	1	2	1	...	...	2	2	...	...	2	2
Country	4	3	...	...	6	2	10	5	...	...	1	1	...	...	1	1
Total...	4	3	1	1	9	4	14	8	1	1	4	4	...	...	5	5

PRIVATE HOSPITALS STATISTICS.

(Including Statement of Amounts Paid From Commonwealth Private Hospital Benefits Trust Account for the Year Ended 30th June, 1950.)

Approval No. of Hospital.	Beds Available.	Admissions.	Bed-Days.	Average Daily No.	Average Length of Stay.	Amount.		
						£	s.	d.
T1	143	3,056	39,778	108.9	13.0	15,911	4	0
4	4	24	344	0.9	14.3	137	12	0
5	30	588	6,966	19.0	11.8	2,786	8	0
6	65	1,386	16,895	46.2	12.1	6,754	12	0
8	11	133	2,169	6.4	16.3	867	12	0
9	20	353	4,708	12.8	13.3	1,883	4	0
11	14	231	1,218	3.3	5.2	487	4	0
12	5	36	411	1.1	11.4	164	8	0
13	4	1	14	...	14.0	5	12	0*
15	2	19	247	0.6	13.0	98	16	0
18	2	2	21	...	10.5	8	8	0*
22	4	28	493	1.3	17.6	197	4	0
23	34	776	10,861	29.7	13.9	4,344	8	0
26	8	41	442	4.8	10.7	176	16	0†
29	40	983	10,402	28.4	10.5	4,142	0	0
Totals	386	7,657	94,969	263.4	12.4	37,965	8	0
1948/49	427	8,049	95,923	273.3	11.9	36,867	14	0
Decrease ..	41	392	954	9.9	.5 Increase	1,097	14	0
=	9.6%	4.8%	1%	3.6%	4% Increase	2.9%	Increase	

* Closed July, 1949. † Became Public Hospital.

TABLE M.

Total Hospital Beds Available as at the 30th June, 1950 (Excluding Mental and Chest Hospitals).

Hospital Beds.	Public.	Non-Public.	Total.	Percentage of Total.
Public Hospitals	1795	121	1916	84%
(Percentage of Total) ..	(94%)	(6%)	(100%)	...
Private Hospitals .. ...	...	386	386	16%
Total	1795	507	2302	100%
Percentage of Total	78%	22%	100%	...

INSTITUTIONS FOR AGED AND INFIRM.

There are two institutions for the accommodation of the aged and infirm in this State—St. John's Park, New Town, and the Home for Invalids, Launceston. The number of beds available at each institution is as under:—

St. Johns Park—		Beds.
Female Division	155	including 74 hospital beds.
Male Division	244	including 73 hospital beds
Making a total of	399	
Home for Invalids—		
Female Division	19	
Male Division	15	
Making a total of	34	

As will be seen from subtended statistics (Appendices V. and VI.) the number of beds available is always taxed to capacity, and accommodation is urgently required for this type of case.

The erection of a new male division at St. John's Park is nearing completion, and should be ready for occupation during the ensuing year. This will provide modern accommodation and full amenities for additional patients for a short period, but demolition of present buildings will be required for future extensions. In Launceston the foundations have been laid for a new Home for Invalids, which, when completed, will provide accommodation for 100 cases. Provision for extra beds for this type of patient is an urgent necessity, if the public hospitals are to be used for acute cases only and not for chronic cases. This position will be further relieved in the near future by the erection of new hospitals at Latrobe, Devonport and Scottsdale, when the present hospitals will be vacated and used to accommodate senile and infirm cases. The standard of treatment and amenities provided at these two institutions have improved considerably over the last few years, especially in respect of diet provided, and equipment installed.

BUSH NURSING.

The Bush Nursing Service still continues to render a very valuable service to the community in out-back areas and, as will be seen from the table below, the work of this division continues to expand, although hampered considerably by the difficulty in keeping centres staffed. This difficulty in staffing is due firstly to the supply of trained nurses being far short of the demand, and the fact that in Bush Nursing Centres it is impossible to institute a forty hour week, and also the amenities are far short of those available in the cities and towns. This valuable service is carried on by those who have the highest ideals of nursing—the desire and will to serve. Many centres have been able to function due to the fact that married nurses have offered their services, eight such persons being at present engaged out of a total nursing staff of thirty-five.

There are at present 26 centres throughout the State, 13 of which provide hospital accommodation. These centres are controlled by the Public Health Department with no Local Committee. The remaining 13 centres do not provide hospital accommodation, but have consulting and treatment rooms, and also provide domiciliary treatment in the district. Ten of these centres are controlled by Local Committees, the remaining three by the Public Health Department.

Auxiliaries have assisted splendidly and consistently in most centres, providing equipment and amenities such as wireless sets, electric polishers, sewing machines, electric vacuum cleaners, bed lamps, pressure cookers, staff and patients' crockery, infants' clothing, curtain furnishings and other miscellaneous items. The Auxiliaries are a great stimulus and help to the nurses in these districts, and it is due largely to their help, interest and sympathy, that many of the nurses remain in these remote districts.

The equipment of all centres has been considerably improved, gas and oxygen machines and infant resuscitators having been supplied to the hospital centres. As power is laid on to these districts, electric labour saving equipment is installed to lighten the work of the staff.

Alonnah.—The road connecting the North and South Island is in progress, and the vehicular ferry is expected to be in operation shortly. The work has already increased hospital attendances. Extensions to the hospital have been authorised.

Brighton Camp.—This is a new centre opened by the Public Health Department at the migrant settlement on 1/9/49, at first as a part-time centre. On 13/3/50 a resident Sister took charge, and from that date full-time work has been carried on. The centre has proved most successful, and rendered much needed help.

Strahan.—On 1/3/50 the Medical Union requested the Public Health Department to take control. Transfer to a temporary residence for Sister, with Surgery, in place of previous boarding at a hotel, was arranged. These rooms will be used until the proposed new residence and surgery have been built by the Public Health Department.

Tasman.—The laundry has been extended and repaired.

Swansea.—Extensions are in progress. New wards, staff rooms and new laundry are under construction.

Ouse.—A contract has been let for alterations and additions to this centre, owing to the increased demand on its accommodation, due to the increased activities of the Hydro-Electric Commission in that area. A private bequest was donated to assist with these extensions.

Gladstone.—The new residence built by the Public Health Department was completed for occupation on 19/5/50. The Northern Bush Nursing Association and the Local Committee assisted the Health Department with furnishing and the provision of a Prefect Car for the Centre. This centre has proved most successful, and is much appreciated by the residents in this very remote district.

Lilydale.—A new Holden Car was purchased by the Committee for the centre in April. The Northern Bush Nursing Association assisted with the cost.

Flinders Island.—Extensions to the hospital have been completed. New staff rooms were included in the additions.

Cape Barren Island.—Owing to nursing staff shortage the hospital was closed from 1/7/49 to 20/11/49. A residence separate from the hospital is in course of construction for the missionary, who has been boarding with the Sister. An electric power plant and kerosene refrigerator have been provided for the hospital by the Public Health Department. These improvements should mean a good deal in lessening difficulties in this isolated Island, for the Sister.

Ringarooma.—Owing to nursing staff shortage the centre was closed for four and a half months from 17/11/49. It is now staffed by a married Sister.

Rosebery.—Repairs and painting to this centre have been authorised by the Public Health Department.

Tullah.—Repairs and painting to this centre have been authorised by the Public Health Department.

Grassy, King Island.—A new ambulance has been purchased by the Public Health Department to replace the old one. Delivery is expected in September, 1950.

Child welfare work has been maintained in all centres, and also visits to schools, where, in many instances, lectures are given in First Aid and Mothercraft.

The Bush Nursing Association continues to give very valuable support, particularly regarding furnishings, equipment and donations.

The office bearers of the Association at present are as follows:—

State Council—
President: Mr. J. A. Von Alwyn, O.B.E.
Hon. Treasurer: Mrs. J. A. Von Alwyn, M.B.E.
Hon. Secretary: Mrs. J. H. Fraser

Southern Division, Hobart—
President: Mr. John Soundy, O.B.E.
Hon. Treasurer: Mrs. E. Boyes
Hon. Secretary: Mrs. E. Baxter, M.B.E.

Northern Division, Launceston—
President: Mr. J. A. Von Alwyn, O.B.E.
Hon. Treasurer: Mrs. J. A. Von Alwyn, M.B.E.
Hon. Secretary: Mrs. J. H. Fraser

TABLE N.
SUMMARY of Work Performed in Bush Nursing Centres during the Year Ended 30th June, 1950.

Names of Hospitals and Centres	No. of Hospital Beds	Visits to Surgery	Visits to Patients	Nursing Days in Hospital	Maternity Cases	Pre-Natal Visits	Child Welfare Visits	School Visits	Mileage	Fees Earned
Southern—										
Alonnah-Bruny Is.	2	702	15	192	9	44	137	10	120	£ 9 1 6
Brighton Camp		1361	139			11	173	23		20 15 0*
Cygnnet	5	1141		604	71	32	400			
Oatlands	5	628		1029	38	274	541	2		
Ouse	5	537	58	537	49	7	111	5	199	29 10 6
Sorell	4	502	25	460	30	37	54	8		7 1 6
Southport	2	429	30	71	4	36	80	5	440	4 16 0
Strahan ..		1310	616			94	117		1638	22 19 3
Swansea	3	356	25	220	18	44	385	8	27	6 3 0
Tasman-Koonya	5	491	6	397	17	36	87		1218	22 19 0
Triabunna	3	618	84	223	15	92	350	2	251	17 10 0
Totals	11 34	8075	998	3733	251	707	2435	63	3893	140 15 9
Northern—										
Avoca		389	251			21	117	4	2568	92 5 9
Cape Barren Is.	4	596	192	196	6	32	92	9	256	
Flinders Is.	5	520	1	549	23	25	542	7	6	
Gladstone		847	598			51	393	11	6550	24 16 0
Grassy, King Is.		1821	272			120	1160	14	5923	82 15 0
Lilydale		222	488		1	41	556		6611	142 6 0
Mole Creek		357	165			4	173	6	896	97 7 6
Redpa	2	391	121	48	4	30	324	1	1671	41 19 4
Ringarooma		457	294			82	322	3	2098	76 15 11||
Rosebery	1	6797	557	22	1	363	684		1916	
Rossarden		1373	340			105	226	2	2961	
St. Helens	4	58	2	477	37	4	327		320	
Storeys Creek ..		1032	507			6	85	10	1548	
Tullah		597	272			36	116	7	528	
Waratah	1	1118	1163			74	252	3	2100	
Totals	15 17	16,575	5223	1292	72	994	5369	77	35,952	558 5 6
Grand Totals North and South										
.....	26 51	24,650	6221	5025	323	1701	7804	140	39,845	699 1 3

* Opened 1.9.49 (Part-time). Opened 13.3.50 (Full-time).
† Only from 1.7.49 to 20.11.49 (Part-time).
|| Closed 17.11.49 to 2.4.50.

Comparative Figures for 5 Years 1945-46 to 1949-50.

Year	Total No. of Hospitals and Centres	No. of Beds	Visits to Surgery	Visits to Patients	Nursing Days	Maternity Cases	Pre-Natal Visits	Child Welfare Visits	School Visits	Mileage	Fees Earned		
1945-46	23	41	11,713	6889	3545	249	1182	6620	171	30,396	£	s.	d.
1946-47	23	49	14,895	5345	6012	321	1842	6026	146	33,401	608	6	8
1947-48	23	45	18,486	5807	4428	244	1551	7297	166	37,631	778	18	11
1948-49	25	45	18,934	5994	3675	253	1414	6375	131	32,032	697	18	5
1949-50	26	51	24,650	6221	5025	323	1701	7804	140	39,845	699	1	3

GOVERNMENT MEDICAL SERVICE.

This service continues to render very valuable assistance especially in outlying areas, but great difficulty is still experienced in obtaining sufficient medical officers to maintain the service at full establishment, and to provide for new centres which have been requested. This shortage of medical officers is not confined to this service only, but to hospitals throughout the State and Commonwealth. This position should be relieved in the not far distant future, when the increased number of graduates, consequent upon the increased number of students undertaking Medicine following the conclusion of the last war, complete their training. In addition, medical scholarships have been given by the Department,

the first holder graduating at the end of next year. Altogether Scholarships have been granted to date as follows:—Medical 15, Dental 3 and Physiotherapy 4.

During the year residences have been obtained and furnished at Premaydena (Tasman) and New Norfolk, and the new residence completed and furnished at Evandale. Another residence is in course of erection at Sorell, and sites have been obtained for residences at Richmond and Avoca. Medical Officers cannot be obtained unless good housing accommodation can be found for them.

That this Department is rendering a valuable service to the State is evidenced by the work carried out as shown in the table below.

District.	Population.	Date of Commence- ment of Service in District.	Number of Attendances upon Patients, showing Location of Attendance (excluding Workers' Compensation and Midwifery Cases which are shown separately).				Number of Attend- ances upon Work- ers' Compensation Cases.	Number of Attendances upon Midwif- ery Cases.	Total of all Attend- ances	Mileage Covered
			Resi- dence.	Surgery.	Hospitals	Total				
Bruny	676	1.3.38	600	308	74	982	7	7	996	6,001
Esperance ...	1,121	11.3.38	2,669	1,246	52	3,967	8	...	3,975	9,809
Evandale... ..	1,952	1.7.47	2,053	2,628	23	4,704	27	...	4,731	8,018
Flinders	750	1.5.38	856	511	110	1,477	1	23	1,501	9,313
Glamorgan- Spring Bay	1,694	18.5.38	619	909	91	1,619	15	24	1,658	9,805
George Town...	1,070	5.1.40	1,292	1,651	154	3,097	...	1	3,098	14,850
Hamilton... ..	3,125	1.5.38	962	1,447	194	2,603	...	12	2,615	14,040
Kingborough ...	4,729	1.3.38	1,623	2,394	...	4,017	187	1	4,205	14,894
King Island ...	1,500	1.9.38	721	4,652	443	5,816	96	45	5,957	5,455
New Norfolk...	8,000	9.8.46	1,430	8,565	379	10,374	...	...	10,374	15,253
Penguin	2,880	13.7.38	1,036	3,663	48	4,747	8	...	4,755	10,957
Port Cygnet...	2,890	1.7.40	1,747	2,233	49	4,029	6	38	4,073	11,668
Portland	1,400	14.6.39	1,308	2,405	87	3,800	46	18	3,864	5,505
Ringarooma ...	4,849	1.1.40	662	2,072	43	2,777	66	...	2,843	9,676
Scottsdale... ..	2,754	5.8.39	470	3,537	1,444	5,451	59	5	5,515	7,255
Sorell... ..	2,373	1.12.38	2,388	3,269	228	5,885	74	20	5,979	10,206
Tasman	1,339	21.4.38	1,605	1,007	129	2,741	1	21	2,763	4,218
Totals	43102	...	22,041	42,497	3,548	68,086	601	215	68,902	166,923

B. M. CARRUTHERS, M.B., F.R.San.I.,
Director of Hospital and Medical Services,

APPENDIX IV.

REPORT OF NURSES' REGISTRATION BOARD
FOR THE YEAR ENDED 30TH JUNE, 1950.*Personnel of Board.*

Dr. B. M. Carruthers, Chairman.
 Dr. J. C. Laver, Superintendent, Royal Hobart Hospital.
 Dr. C. Craig, Superintendent, Launceston General Hospital, until March, 1950.
 Dr. J. Edis, Superintendent, Launceston General Hospital, from March, 1950.
 Dr. T. C. Butler.
 Miss J. O. Brown, Matron, Royal Hobart Hospital.
 Miss C. I. Skirving, Matron, Launceston General Hospital.
 Miss L. M. Zwar, Matron, Queen Alexandra Hospital, relieving Miss B. L. Campbell during her absence in England until September, 1949.
 Miss B. L. Campbell, Matron, Devon Public Hospital, from September, 1949.

In March, 1950, members of the Board specially requested Dr. C. Craig to continue attending Board meetings, as an observer, as it was felt that his long association with the Board and his vast experience would be most helpful.

Meetings.

Five ordinary meetings were held during this period.

Legislation.

1. In November, 1949, an Act was passed to inaugurate the Tasmanian Auxiliary Nursing Service. Young ladies can now commence general training at 16 years of age and do the first year of training, which has been altered to make it a year of practical nursing with more demonstrations and clinics than academic lectures, and at the end of this year they may either continue as second year trainees or, if successful in oral and practical examinations, may become registered as members of the Tasmanian Auxiliary Nursing Service, and so be utilised as practical nurses in hospitals to assist fully qualified nurses.

2. The curricula for all branches of nursing have been revised and the Regulations prepared for consolidation.

3. The text book to be used for Anatomy and Physiology was changed to "Isabella Galbraith's Anatomy and Physiology"; Furneaux and Smart—Human Physiology—being used for reference only.

4. The Nurses' Registration Act was amended to provide for the Registrar of Nurses to be a registered nurse.

Training Schools.

Number of registered training schools—

General	10
Midwifery	6
Psychiatric	2
Child Welfare	2
Tuberculosis	1

Trainees.

1. Applications for Training (315)—General, 170; Midwifery, 103; Child Welfare, 42.

2. Commenced Training (317)—General, 165 (of these 41 were under 17); Midwifery, 97; Psychiatric, 20; Child Welfare, 35.

3. Completed Training (168)—General, 38; Midwifery, 88; Psychiatric, 2; Child Welfare, 40.

4. Resigned before completion of Training (120)—General, 84; Midwifery, 11; Psychiatric, 24; Child Welfare, 1.

5. Total Number in Training 30th June, 1950 (528)—General, 396 (including 11 male nurses); Midwifery, 72 (including 7-18 months' trainees); Psychiatric, 45; Child Welfare, 15.

Examinations.

1. Educational Examinations for Intending Trainees.—Number held, 3; Number of candidates, 18. Results: 8 passed; 10 failed.

2. For Registration of Nurses.—Number held, 3; Number of candidates, 201.

Results:

	No. of Candidates.	Passed.	Failed.
General	63	57	6
Midwifery	94	94	....
Psychiatric	4	4	....
Child Welfare	40	38	2

Registration of Nurses.

1. Applications approved (514), as follows:—

General	267
Midwifery	188
Psychiatric	8
Child Welfare	51
Tuberculosis	....

2. Registrations renewed (1113) (no. of persons 783):—

General	691
Midwifery	326
Psychiatric	39
Child Welfare	49
Tuberculosis	8

3. Total number of registrations in State as at 31st December, 1949 (1836), as follows:—

General	1108
Midwifery	572
Psychiatric	48
Child Welfare	99
Tuberculosis	9

4. Number of registered nurses as at 31st December, 1949 (1225; including 5 male nurses), as follows:—

General Certificate only	579
Midwifery Certificate only	64
Psychiatric Certificate only	43
Tuberculosis Certificate only	8
General and Midwifery	426
General, Midwifery and Child Welfare	79
General and Child Welfare	18
General and Psychiatric	4
General and Tuberculosis	1
Midwifery and Child Welfare	2
General, Midwifery and Psychiatric	1

As all registrations become due on 1st January each year and the current register is published in the Gazette as at 31st December each year, these figures for total registration in the State are given as at that date.

General.

During this year a Procedure Book has been prepared by the Tutorial Staffs of the major base hospitals. The text is now in the hands of the Printer and it is anticipated that it will be ready for distribution towards the latter part of the year. When available this book will be used as a standard procedure book in all training schools and will be of great assistance in ensuring a more uniform system of training throughout the State.

A coloured talkie film was made for recruiting purposes, depicting the activities of a student nurse in the first few months of training. This covered all aspects of hospital life, accommodation, amenities in home, classes, demonstrations and ward routine. The film is of interest as it is the first produced in this State and the production is considered highly satisfactory.

An illustrated pamphlet for distribution among school girls and intending trainees was printed and has created much interest.

During the year (from 1st November, 1949) trainees have been able to commence at the age of 16 years. Forty-one trainees commenced before they were seventeen years of age, and of these six resigned before completing one year of training.

During the last two years sixteen untrained persons have commenced the eighteen months' midwifery training course. Of these seven resigned before completion of training, two only completed training, and seven were still in training at the 30th June, 1950.

The total number of nurses in training (528) is in excess of the number (479) in training twelve months ago. Shortage of trainees in country hospitals is still acute but the position in the major base hospitals has improved.

The total number of registered nurses in the State (1225) is almost the same as at this time last year (1228), but here again the majority are in major base hospitals and there is still an acute shortage in the country. Nurses continue to come and work in Tasmania for short periods only. These visiting nurses have staffed our country hospitals and kept many wards open which would otherwise have been closed, but such frequent changes in staff make management difficult.

B. M. CARRUTHERS, Chairman.
 P. A. DRISCOLL, Secretary.

APPENDIX V.

REPORT OF ST. JOHN'S PARK, NEW TOWN, FOR
THE YEAR ENDED 30TH JUNE, 1950.

Statistics.			
Number resident, 30.6.49	....	....	367
Admissions during the year	....	....	243
Total			610
Less—			
Discharges	....	....	160
Died	....	....	83
			243
Patients resident, 30.6.50	....	....	367

Admissions.

Admissions totalled 243 (156 males and 87 females). These figures show a decrease compared with those for the previous year, when 270 persons (177 males and 93 females) were admitted.

Discharges.

There were 160 discharges (106 males and 54 females). These figures show a decrease compared with those for 1948/49 when 181 (128 males and 53 females) were discharged.

Mortality.

The number of deaths was 83 (45 males and 38 females). The average age of the people who died in the Institution was 75.23 years.

Daily Average.

The daily average number of inmates was 369.29 (228.39 males and 140.90 females) compared with 353.44 (216.61 males and 136.83 females) for the previous year.

Revenue.

The revenue received from all sources amounted to £36,726 12s. 3d., which was £4,186 14s. 6d. more than that collected the previous year.

Expenditure.

The total expenditure for the upkeep of the Institution was £83,714 9s. 11d., being an increase of £6,829 7s. 5d. compared with the previous year. The net cost was £46,987 17s. 8d.

Gross and Net Cost of Maintenance.

There was an increase in the gross and net cost, as shown hereunder:—

	£	s.	d.
Gross daily cost per inmate 1949-50	0	12	5.05
Gross daily cost per inmate 1948-49	0	11	11.03
Net daily cost per inmate 1949-50	0	6	11.66
Net daily cost per inmate 1948-49	0	6	10.49
Gross weekly cost per inmate 1949-50	4	6	11.35
Gross weekly cost per inmate 1948-49	4	3	5.21
Net weekly cost per inmate 1949-50	2	8	9.62
Net weekly cost per inmate 1948-49	2	8	1.43

Thanks for Donations.

On behalf of the inmates of St. John's Park, I desire to thank all those kind persons who again so generously provided gifts of money and goods for their comfort during the year.

Devotional.

During the year, the spiritual welfare of the inmates was given every attention by the various denominations, services being held regularly at the Institution.

L. WOODHOUSE, Superintendent.

APPENDIX VI.

REPORT OF HOME FOR INVALIDS, LAUNCESTON,
FOR THE YEAR ENDED 30TH JUNE, 1950.

Patients.																
Year	No. resident at commencement of year			Admitted			Discharged			Deaths			Remaining at end of year			Average daily No.
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	
1949-50	14	18	32	9	7	16	4	2	6	5	6	11	14	17	31	33·1
1948-49	15	15	30	13	11	24	8	3	11	6	5	11	14	18	32	30·5

Summary.			
Number resident at commence- ment	....	1949-50.	1948-49.
Admitted during the year	....	32	30
	....	16	24
	....	48	54
Discharged during the year	....	6	11
Deaths during the year	....	11	11
	....	17	22
	....	31	32
Number resident at close of year	....	31	32

Finance.			
Revenue:		£	£
Commonwealth Hospital Benefits	....	4,834	4,208
State Aid	....	1,036	1,049
	....	£5,870	£5,257
Expenditure:		£ s. d.	£ s. d.
Average daily cost per patient	....	0 9 8	0 9 5
Average weekly cost per patient	....	3 7 11	3 5 11

L. M. McCLYMONT, Matron.

SECTION III.—REPORT OF DIRECTOR OF TUBERCULOSIS FOR THE YEAR ENDED 30TH JUNE, 1950.

NOTIFICATIONS.

During the 12 months ended 30th June, 1950, a total of 210 new cases of Tuberculosis were notified to the Public Health Department. Of these, 188 were shown to be Pulmonary, and 22 of a non-Pulmonary nature.

Included among the 188 Pulmonary cases are 28 cases which come under the control of the Repatriation Department.

Sex and Age groups of the 188 cases are as under:—

Sex.—Males, 93, Females, 95, = 188.

Age Group.	Males.	Females.	Total.
Under 15 years	7	8	15
15 to 24 years	14	32	46
25 to 34 years	21	26	47
35 to 45 years	17	12	29
Over 45 years	34	17	51
	93	95	188

It is noticeable that the over 45 years group represents approximately 27 per cent of the cases notified, and that in this group *males* predominate. This predominance of males in this age group is also reflected in previous statistics viz.—

Period.	Males.	Females.	Total.
1.1.48 to 31.12.48	43	10	53
1.1.49 to 30.6.49	17	4	21
1.7.49 to 30.6.50	34	17	51

However in the 15 to 24 years age group it is found that the opposite obtains, the female notifications being much in excess of males, viz.—

Period.	Males.	Females.	Total.
1.1.48 to 31.12.48	12	21	33
1.1.49 to 30.6.49	9	16	25
1.7.49 to 30.6.50	14	32	46

Stage of Disease on Notification.

		Percentage of Total.
Minimal	67	35.6
Moderately advanced	94	50.0
Advanced	27	14.4
	188	

Of the cases discovered during the year approximately two-thirds of cases were shown to be in a moderately advanced or advanced stage. Of the 121 such cases, approximately 50 were persons residing in Hobart and adjacent areas, where compulsory X-ray has been operating, which fact could be regarded as being instrumental in the discovery of these cases.

Result of Sputum Tests at Time of Notification.

An analysis of the 188 cases notified during the year shows that in 67 cases a positive result was obtained. In 59 cases the result was negative, and in 62 cases sputum tests were not quoted at time of notification.

Mode of Discovery.

Mass X-Ray survey	45
Clinics (as contacts)	20
Clinics (not contacts)	9
General Hospital	70
Private Physician	44
	188

From the above it will be seen that the Mass X-Ray and Clinics were responsible for the discovery of 74 cases and that a further 70 were notified through General Hospitals, which proves the benefit of Mass X-Ray, examination of contacts by Clinics, and the routine X-Ray in General Hospitals, in discovering unsuspected cases of Tuberculosis.

Contacts.

Information supplied shows that there were at least 673 household contacts of the 188 cases notified. These contacts are registered at the various chest clinics, and are requested to report for periodical examinations, tests, &c.

Family History.

In 61 cases there was shown to be a definite family history of Tuberculosis. In 91 cases no family history could be traced and in 36 cases no information regarding family history was given.

Hospitalisation of Cases.

Of the 188 Pulmonary cases notified it is found that 147 have received Hospital or Sanatorium treatment as under:—

Tasmanian Sanatorium	58
Perth Sanatorium	33
Repatriation Hospital	19
Vaucluse Hospital	7
Launceston General Hospital	8
Royal Hobart Hospital	9
Devon Public Hospital	8
Ulverstone Public Hospital	1
Beaconsfield Hospital	1
St. Helens Private Hospital	1
St. John's Private Hospital	1
Lyell District Hospital	1
	147

Domiciliary Treatment.

Chest Clinics	28*
Repatriation Hospital	7
Private Physicians	2
	37
Left State	4

* Includes seven children under 15 years, also two aged Religious Sisters.

Deaths among cases notified during the year totalled 16. Of these in 10 cases the disease was shown to be in an advanced stage on notification, one other case also had Tubercular Meningitis and one case was notified as a result of post mortem.

Predominant Symptoms on Notification.

The predominant symptoms quoted on notification were as follows:—

	Cases.
Cough or cough with sputum	63
Haemoptysis	19
Pleurisy with effusion	19
Loss of weight	33
Loss of energy or lassitude	19
Night sweats	11
Frequent colds	8
Pain in chest	8
Shortness of breath	6
Pyrexia	5
Pneumonia	4
Husky voice	3
Anaemia	3
Bronchitis	2
Dyspnoea	2
Loss of appetite	2

In most cases the symptoms quoted were a combination of two or more of the abovementioned symptoms.

Occupations (Generally).

The most frequenet occupations quoted among the cases notified during the year are as under:—

Home duties	49
Child or student	17
Clerk	16
Pensioner	12
Labourer	8
Shop assistant	7
Nursing	5
F a r m e r or orchardist	4
Fitter and turner	4
School teacher	4
Wardmaid	3
Saw-miller or timber worker	3
Barman	3
Miner	3
Tailor or tailoress ..	3
Electrician	2
Clerk-typist ..	2
Waitress, housemaid	2
Carpenter, cabinet-maker	2
Salesman	2
Painter	2
Textile worker ..	2
Seaman	2
Religious sister ..	2

TASMANIAN SANATORIUM.

Statistics.

Return Showing Admissions, Re-Admissions, Discharges and Deaths During the Year Ended 30th June, 1950.

	Males.	Females.	Total.	Males.	Females.	Total.
In residence on 30th June, 1949 .....	...	...	...	36	57	93
Admitted .....	...	...	...	45	67	112
Re-admitted from Royal Hobart Hospital .....	...	...	...	35	46	81
Total in-patients treated				116	170	286
Discharged	41	61	102			
Transferred to Royal Hobart Hospital	32	49	81			
Died	7	12	19			
				80	122	202
In residence on 30th June, 1950 .....	...	...	...	36	48	84
Average daily number resident during year ...	...	...	...	36·87	56·64	93·51

Various other oecupations quoted—Librarian, Linesman, Machinist, Hotelkeeper, Boot Repairer, Fisherman, Baker, Policeman.

Municipalities from which Cases were Notified.

Municipality.	No. of Cases.	Municipality.	No. of Cases.
Beaconsfield	9	Latrobe	3
Bothwell	2	Launceston	25
Brighton	1	Leven	4
Bruny	2	Lilydale	1
Burnie	5	Longford	1
Circular Head	1	New Norfolk	6
Clarence	4	Oatlands	1
Deloraine	1	Penguin	3
Devonport	10	Port Cygnet	3
Esperance	4	Queenstown	9
Fingal	3	Ross	1
Glenorchy	18	Sorell	2
Gormanston	1	Spring Bay	3
Green Ponds	1	St. Leonards	1
Hamilton	4	Table Cape	6
Hobart	63	Tasman	1
Kentish	2	Waratah	1
Kingborough	1	Westbury	1
King Island	1	Zeehan	5
		TOTAL	210

The total of 210 cases shown above include both pulmonary and non-pulmonary cases.

No case of Tuberculosis was notified from the undermentioned municipalities during the year ended 30th June, 1950:—

Evandale, Flinders, George Town, Glamorgan, Huon, Portland, Richmond, Ringarooma, Scottsdale, Strahan.

It is also noted that no case of Tuberculosis has been reported from the undermentioned municipalities for period 1st January, 1948 to 30th June, 1950:—

Ringarooma, Scottsdale, Strahan.

It is noted that approximately 45 per cent of pulmonary cases notified during the year were persons residing in the Hobart-Glenorchy and Clarence Municipalities, as against approximately 33 per cent for half-year ended 30th June, 1949. The increase shown in these areas would probably be accounted for by the introduction of Compulsory X-ray in these areas, plus the fact that all patients admitted to the Royal Hobart Hospital undergo a routine chest X-ray.

Deaths.

The following table shows the deaths from Tuberculosis occurring during the year:—

Age Group.	Males.	Females.	Total.
Under 15 years	3	4	7
15 to 24 years	4	6	10
25 to 34 years	3	13	16
35 to 45 years	5	12	17
Over 45 years	15	8	23
	30	43	73

Treatments, &c., Carried Out.

Artificial pneumothorax (new cases)	25
Artificial pneumothorax (re-fills)	763
Pneumoperitoneum (new cases)	5
Pneumoperitoneum (re-fills)	284
Pneumonectomy	1
Lobectomy	2
Thoracoplasty	14
Phrenic Crush	8
Pneumolysis	16
Drainage of empyema	1
Cavernostomy	Nil
B.S.R. examinations	900
X-ray examinations	890
Screenings	131
Patients receiving P.A.S.	33
Bronchoscopies	8
Streptomycin cases	46

Recalcitrant Cases.

Domestic reasons	1
Temperamental	8
Expelled	1

One person who left on two occasions is included in the "temperamental" reasons for leaving hospital.

Installation of X-Ray Equipment.

The hospital was equipped with the most modern X-ray plant during the year and the X-ray Department was transferred to the Rest Home Buildings for more efficient working and for the greater comfort of the patients.

Pathology Department.

During the year arrangements have been made for the performance of most routine pathological examinations.

Physiotherapy.

A further improvement of service to the patients, especially those who are surgically treated, has been the employment of a physio-therapist on a part-time basis.

Kiosk.

The After-Care Committee, which also acts as an Auxiliary to the Sanatorium, has continued to take keen interest in this amenity, and has this year provided an attendant, who relieves the hard pressed nursing staff of these duties.

Devotional.

Thanks are due to the various Ministers of Religion for their continued attendance on the patients.

PERTH SANATORIUM.

Statistics.

Return Showing Admissions, Re-Admissions, Discharges and Deaths During the year Ended 30th June, 1950.

	Males.	Females.	Total.	Males.	Females.	Total.
In residence on 30th June, 1949 .....	....	....	....	12	22	34
Admitted .....	....	....	....	25	45	70
Re-admitted after surgical treatment .....	....	....	....	2	3	5
Total in-patients treated .....	....	....	....	39	70	109
Discharged	16	35	51			
Discharged for surgical treatment	2	3	5			
Died .....	....	3	3			
				18	41	59
In residence on 30th June, 1950 .....	....	....	....	21	29	50
Average daily number resident during year, 37.2						

Treatments, &c., Carried Out.

Artificial pneumothorax (new cases)	9
Artificial pneumothorax (re-fills)	242
Pneumoperitoneum (new cases)	2
Pneumoperitoneum (re-fills)	16
X-ray examinations	292
Patients receiving P.A.S.	16
B.S.R. examinations	485
Pneumolysis cases	2
Thoracoplasty	2
Pneumonectomy	1
Lobectomy	1

Surgical cases shown were transferred to Hobart in all instances and re-admitted at a later date.

Buildings.

This year saw the completion of a new female ward of sixteen beds which has since been fully occupied. This now allows fifty-two patients to be accommodated and has assisted greatly in relieving the waiting list for admission in the Northern Section of the State.

It is hoped to erect a further temporary ward in the near future to provide accommodation for an additional thirty persons.

Equipment.

Approval has been granted by the Commonwealth under the Tuberculosis Arrangements for the installation of a suitable X-ray unit with screening facilities, and it is anticipated same will be installed in the very near future. This will replace the present X-ray apparatus.

Also much additional and modern kitchen equipment has been ordered and when delivered will assist materially in raising the food service.

Northern Sanatorium Auxiliary Committee.

The committee has continued to take an active interest in the Sanatorium and has provided regular weekly entertainments for the patients and donated many articles which have greatly assisted in making the stay at the hospital much happier.

‘CHEST CLINICS.

The establishment of the Devonport Chest Clinic fills a long felt want. It enables it to do for the North-West Coast what is being done at Hobart and Launceston Clinics for the Southern and Northern districts. The medical work has been performed by a private practitioner with special knowledge of Tuberculosis. Eventually we hope to have a full-time Tuberculosis Officer stationed in the North-West. This

will particularly ensure a complete check up on all cases who have been asked to have in the Mass Survey a big X-ray, in addition to the other medical work of a chest clinic.
With three Clinics now in operation it will be seen that we are getting close to our ideal of supervision of every house or business contact of every known case in Tasmania, also to the investigation of every person with a suspicious X-ray in our survey.

Examinations.

Persons referred to chest clinics from mass X-ray for further investigation	Hobart. 238	Launceston. 55	Devonport. 12
Persons referred to chest clinics by doctors because of suspicious symptoms			
Contacts of known cases examined for the first time	436	408	142
Persons examined at chest clinics and admitted to Sanatorium	68	12 15 (waiting)	7 3 (waiting)
Cases of Tuberculosis discovered in contacts examined	10	11	3
Cases still under observation for Tuberculosis amongst contacts	13	27	13
Sanatorium cases transferred to clinics for special treatment

Re-examinations.

Cases and observation cases—contacts	1996	1282	153
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Treatments and Investigations.

	Hobart.	Launceston.	Devonport.
Artificial pneumothorax (re-fills)	468	241	32
X-ray examination (films)	777	1344	136
X-ray examination (screenings)	110	363	16
Gastric lavages ..	55	19	...
B.S.R. examinations ..	741	266	37
Sputum examinations	600	290	70
Pneumoperitoneum (re-fills)	588	82	3

MASS X-RAY EXAMINATIONS.

Hobart Unit (1st July, 1949, to 30th June, 1950).

	In Age Group.	Submitted on Voluntary Basis.	Total No. X-rayed.
July ....	...	913	913
August ....	...	1,472	1,472
September ....	...	2,159	2,159
October ....	...	1,722	1,722
November ..	...	1,312	1,312
December ..	...	1,229	1,229
January ....	...	1,421	1,421
February ..	2,571	1,623	4,194
March ..	2,627	2,090	4,717
April	2,515	1,326	3,841
May	2,493	1,781	4,274
June	2,321	1,609	3,930
	12,527	18,657	31,184

Compulsory X-ray under Section 5 of the Tuberculosis Act, 1949, was commenced in Hobart as from the 1st February, 1950. From that date until the 30th June, 1950, all persons from 20 to 34 inclusive have been required to submit for chest X-ray examination.

The number of persons, namely 12,527, who were X-rayed under the compulsory sections of the Tuberculosis Act during the period represents approximately 40 per cent of the total persons X-rayed during the period covered by the report.

This would account to some degree for the large percentage of probably active tuberculosis cases being in the age group 20-34 as this was the age group covered by compulsion (see Table R.). In these two groups 26 of the total of 38 is shown. It is pointed out, however, that past reports have shown a higher proportion of cases discovered in these age groups.
It was necessary to compel approximately twelve persons to re-attend for a large film examination, when two persons after further investigation were notified as suffering from pulmonary tuberculosis and are now receiving treatment at the Tasmanian Sanatorium. In the main the position is indeed very satisfactory in Hobart and most persons required to re-attend co-operated fully.

In relation to the thirty persons whose diagnosis was confirmed by notification, nineteen were persons who had never submitted for X-ray previously. Three of these persons were X-rayed under the compulsory sections of the Tuberculosis Act, 1949.

It will be noted briefly that of 31,184 who had a miniature X-ray 1095 were recalled for a large film.

The reading of these large films showed past or present evidence of Tuberculosis in 109 cases. Of these fifteen had been previously diagnosed and notified as suffering from Pulmonary Tuberculosis and are therefore not claimed as being discovered by the Mass X-ray Survey.

The remaining 94 are grouped in the table according to the reading of the large X-ray as—

Probably active	38
Possibly active	11
Probably arrested	2
Probably healed	43

Following our practice of referring such cases to Chest Clinic or their own doctor (approximately 90 per cent to Clinic), 34 were ultimately diagnosed and notified as suffering from Active Pulmonary Tuberculosis and in need of immediate treatment.

TABLE P.

RETURN showing results of large X-ray film examination of Persons recalled from the Mass X-ray Survey conducted in Hobart during the period 1st July, 1949, to 30th June, 1950.

Persons passed on large film (no abnormality discovered)	913
Persons with non-tubercular conditions (see Table Q)	73
Persons with previously diagnosed Tuberculosis—	
(a) Not healed	6
(b) Healed	9
Persons with newly discovered Tuberculous lesions (see Table R)—	
(a) Probably active	38
(b) Possibly active	11
(c) Probably arrested	2
(d) Probably healed:	
(1) Needing further observation	14
(2) Considered of no significance	29
Total	1,095

NOTE.—Of the 38 persons classified as Probably Active Tuberculosis 32 have been officially confirmed by notification as active cases.

TABLE Q.

RETURN of Non-Tubercular conditions discovered in Mass X-Ray Survey at Hobart during period 1st July, 1949, to 30th June, 1950.

Condition.	No. of Cases.
Broncho-pneumonia	3
Bronchiectasis	2
Bronchitis	11
Cardiac	7
Congestion	1
Fibrosis of lung	12
Dermoid cyst	1
Hydatid cyst	5
Old pleurisy	6
Pleural effusion	1
Rib abnormality	7
Scoliosis	5
Sarcoid	1
Spontaneous pneumothorax	1
Tumour of lung	3
Thyroid	7
Total	73

TABLE R.

RETURN showing Classification of Results of Newly discovered Tuberculous Lung Lesions in respective Age Groups in Mass X-Ray Survey conducted at Hobart during the period 1st July, 1949, to 30th June, 1950.

Group	Age	Probably Active Tuberculosis		Possibly Active Tuberculosis		Probably Arrested Tuberculosis		Probably Healed Tuberculosis Needs Further Observation		Tuberculosis Considered of no Significance	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Under 14
14 to 19	...	2	1	1	...	...	...	...	...	4	1
20 to 24	...	3	5	1	2	...	...	2	...	10	5
25 to 34	...	5	13	4	2	1	...	6	...	2	3
35 to 44	...	1	2	...	...	...	...	...	...	1	1
45 to 54	...	2	2	...	...	...	...	...	...	1	1
55 and over	...	1	1	...	...	...	...	...	...	1	...
		14	24	7	4	2	...	6	...	18	11

Mobile Unit.

The figures of the Mobile Unit conducted during the year are given, and are seen to be most satisfactory. It is shown that 28,689 persons were X-rayed. This is the greatest number X-rayed since the inception of the Survey by the Mobile Unit, and is indeed a very pleasing feature in view of the fact that some towns have now been visited for the third time.

Of the 28,689 persons who had a miniature X-ray, 372 were recalled for a large X-ray. The reading of these large X-ray films showed past or present evidence of Tuberculosis in 72 cases. Of these seven had been previously notified. The remaining 65 are grouped in Table U, according to the reading of the large X-ray, as:—

Probably active	15
Possibly active	12
Probably arrested	1
Probably healed	27

Ten to date have been notified as Tuberculosis needing immediate treatment.

The mobile figures (as mentioned before) are incomplete, because of a number who have not yet reported for their large X-ray and of some who have not been sufficiently followed up after their large X-ray.

TABLE S.

RETURN Showing Results of Large X-Ray Film Examination of Persons recalled from the Mobile X-Ray Unit during the period 1st July, 1949 to 30th June, 1950.

Persons passed on large film (no abnormality discovered)	287
Persons with non-tubercular conditions (see Table T)	23
Persons with previously diagnosed Tuberculosis:—	
(a) Not healed	
(b) Healed	7
Persons with newly discovered Tuberculous lesions (see Table U):—	
(a) Probably active	15
(b) Possibly active	12
(c) Probably arrested	1
(d) Probably healed—	
(1) Needing further observation	5
(2) Considered of no significance	22
Total	372

TABLE T.

RETURN of Non-Tubercular Conditions discovered in Mass X-Ray Survey by the Mobile X-Ray Unit during the period 1st July, 1949, to 30th June, 1950.

Condition.	No. of Cases.
Broncho-pneumonia	1
Aneurism	1
Bronchitis	2
Cardiac	5
Fibrosis of lung	3
Hydatid cyst	1
Malignant of lung	1
Rib abnormality	1
Scoliosis	2
Old pleurisy	1
Silicosis	1
Thyroid	4
—	23
—	—

TABLE U.

RETURN Showing Classification of Results of Newly Discovered Tuberculous Lung Lesions in Respective Age Groups in Mass X-Ray Survey conducted by the Mobile X-Ray Unit during the period 1st July, 1949, to 30th June, 1950.

Group	Probably Active Tuberculosis		Possibly Active Tuberculosis		Probably Arrested Tuberculosis		Probably Healed Tuberculosis Needs Further Observation		Tuberculosis Considered of no Significance	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Under 14										
14 to 19	1	2	1	1			1		1	1
20 to 24	1	3	1	3			3		4	1
25 to 34	4	3	4	3				1	5	
35 to 44	2	1	2	1		1			5	
45 to 54	1	2	1	2					4	1
54 and over										
Total	9	11	9	11		1	4		19	3

GENERAL.

As stated previously in this report the compulsory survey in Hobart was commenced in February last. It will be seen that the idea of combining the Voluntary Survey with the Compulsory Mass X-ray has been justified. It is hoped shortly to inaugurate the Compulsory Survey in the Launceston area, also Devonport and Burnie. This will be done as soon as premises have been obtained for the new transportable unit which should arrive soon.

Also, with the completion of buildings at the Central Tuberculosis Division to accommodate the necessary clerical staff, the Mobile Unit will begin the Compulsory X-ray examinations in all country centres, which will be done by calling up all in each centre from 14 years upward without reference to age groups.

All in-patients of the Royal Hobart Hospital and the Launceston General Hospital have had a Chest X-ray during the year.

Two facts become more and more evident as the Mass X-ray Campaign goes on—(1) the importance of the interview of the person with

suspicious X-ray by the Doctor—(2) the place of the Chest Clinic as the logical follow up, that is the investigation centre of the person with suspicious X-ray discovered in the X-ray Survey. This latter fact is again evidenced as in my previous reports by the number of cases with suspicious X-ray obtained by the Mobile Unit in areas outside Hobart or the Southern part of the island (and particularly in the North-West of Tasmania), not finalised.

The North-West Clinic, which has at last been established at Devonport, will go far towards reducing this disability. This Clinic it is hoped will make itself responsible for seeing that the suspicious small X-ray is followed by a large one, particularly ensuring that a case with a suspicious X-ray not only reports for further clinical and bacteriological investigation but is also kept under regular observation until the diagnosis is finalised. Of course the Tasmanian Tuberculosis Act bestows power in this regard.

The large number of cases (43) in the probably healed category is made up largely of healed primary and calcified post primary apical densities, some referred to chest clinics for further investigation, some listed for 3 monthly or 6 monthly or 12 monthly check X-ray, some by reason of small calcifications above 35 years of age not being considered of significance.

All major surgery has been performed at the Royal Hobart Hospital first by Dr. J. Muir and later by Dr. P. Braithwaite, who succeeded Dr. Muir. This major surgery has become a vital part of the curative work and one feels it has reached a high pitch in Tasmania.

Dr. R. McIntosh has again rendered excellent service as Radiologist.

During the greater part of the year beds at Vaucluse Hospital were made available for cases prior to entrance to the Sanatorium, with the co-operation of the Superintendent of the Royal Hobart Hospital.

The success of Perth as a Sanatorium or Chest Hospital continues to gratify us and we were fortunate in securing the services of Dr. D. Nathan to succeed Dr. G. Sibthorpe.

It will be seen that during the year beds were available as follows:—

Hobart Sanatorium	100
Repatriation Tuberculosis Hospital (which caters for returned men from the whole State)	50
Perth Sanatorium	50
After-Care Home	15
Vaucluse Hospital	12
Total	227

In addition, the Royal Hobart Hospital allotted eight beds for major surgery, allowing for an average annual death rate of 90 (in this last year it was 76). Reckoning three beds per annual death, we would budget for 270 beds.

Dr. A. Pennington, Tuberculosis Specialist to the Repatriation Department of Australia, again rendered valuable service by performing Pneumolysis operations on his four visits to Tasmania during the year.

The complete co-operation between the State Division of Tuberculosis and the Repatriation Department still continues, and again quite a number of males discovered in the Civilian Mass Survey have been admitted to the Repatriation Tuberculosis Hospital.

The booklet "What you should know about Tuberculosis" has again been handed to every person coming for a chest X-ray; also five minute educational broadcasts on Tuberculosis have been given by the Director weekly over each of the Commercial Broadcasting Stations in Tasmania.

The Narryna After-Care Hostel at Hobart has again continued to function under the control of the After-Care Committee. There has been an average of fourteen patients in residence, a number of whom are on full or part-time work, and others being rehabilitated.

TUBERCULOSIS ALLOWANCES.

Negotiations under the Commonwealth are in the final stages for the operation of a much more liberal scheme of allowances to sufferers and it is hoped that early in the coming year the scheme will be commenced.

B.C.G. VACCINATION.

B.C.G. Vaccination has been carried out systematically on Nurses of the Royal Hobart Hospital, Launceston General Hospital and Devon Public Hospital, also at Calvary and St. John's Hospitals at Hobart, also on new-born children of Tuberculosis mothers and a number of children in infected households, with a view to a more general campaign of vaccination of those with negative Mantoux from 16 years onwards, on of course a voluntary basis. A systematic course of Broadcasts has been given during the year to inform the public on the meaning of this vaccination.

With the provision of new accommodation at Hobart, and the appointment of a medical officer for this work, a start on this campaign will be made at an early date.

LEGISLATION.

The Tuberculosis (Campaign Arrangements) Act, 1950, which gave effect to certain arrangements between the Commonwealth and the State, was enacted during the period covered by this report. This Act also amended the Tuberculosis Act, 1949, by extending the time of operation of the Act to the 30th June, 1958.

STAFF.

I wish to again record my appreciation of the assistance given and of the work carried out by all members of the Staff at the Tuberculosis Division, Chest Clinics and both Sanatoria.

T. H. GODDARD, M.B.,

Director of Tuberculosis.

SECTION IV.—REPORT OF DIRECTOR OF MENTAL HYGIENE FOR THE YEAR ENDED 30th JUNE, 1950.

As reported by the Medical Superintendent of Lachlan Park Hospital, there has been during the year a large increase in the number of patients being admitted to Lachlan Park. This has occurred at a time when the staffing difficulties are at their worst, owing to an acute shortage of psychiatric nurses. This situation is not confined to Tasmania, but is apparently the case throughout most of the other States. The problem of obtaining sufficient numbers of young women to undertake psychiatric nursing appears, unfortunately, to have no immediate solution. A more modern institution with better amenities for the staff would certainly assist to some extent in dealing with the problem.

It is regrettable that there is still a delay in commencing the erection of the new mental hospital. This in turn is responsible for the delay in providing suitable accommodation for certified mental defectives, who it is proposed shall eventually occupy the newer portions of the present Lachlan Park Hospital when it is eventually vacated by the mental hospital patients.

The problem of dealing with senile cases remains just as formidable as ever. It is felt that many such cases could be with advantage admitted to rest homes and such institutions for the aged rather than be admitted to mental hospitals, as is often the practice at the present time. Existing economic conditions are no doubt largely responsible for the ever growing army of elderly people requiring institutionalisation. Fortunately, the public is aware of the situation, and interested organisations are at present attempting to cope with the problem. An additional solution is the erection of more wards for such patients at St. John's Park.

With regard to Psychiatric Out-patient services, three double sessions per week are conducted at the Royal Hobart Hospital by the Medical Staff of the Division. Besides performing a much needed service to the community, this arrangement also allows for institutional medical officers to obtain valuable extra-mural experience which brings them into closer contact with other branches of medicine.

During the year, a full time psychiatrist was appointed to the staff of the Launceston General Hospital. He also is responsible for conducting psychiatric clinics at the Devon Public Hospital twice monthly, and the Spencer and Scottsdale Hospitals once a month.

It is now the practice to treat as far as possible short term psychiatric cases at the various public hospitals, thus avoiding the necessity for this type of patient to be transferred to Millbrook Rise.

The following is a summary of psychiatric out-patient cases seen at public hospitals and the Public Health Department:—

Number of visits of patients to Psychiatric Clinics for the year ended 30th June, 1950.

Royal Hobart Hospital	1615
Launceston General Hospital	334
Devon Hospital	155
Spencer Hospital	73
Public Health Department	571
	<hr/> 2748 <hr/>

Summary of visits by Patients to Psychologist during the year ended 30th June, 1950.

Hobart (including Royal Hobart Hospital, &c.)	540
Launceston (including Launceston General Hospital)	135
Devon Hospital	14
Spencer Hospital	4
New Norfolk	16
	<hr/> 709 <hr/>

Summary of activities of Psychiatric Social Worker during the year ended 30th June, 1950.

Number of cases on which work undertaken	197
Number of homes visited	70
Number of home visits	123
Other visits	102
Number of visits outside Hobart	86
Cases on which one or more relatives interviewed	98
Cases on which one or more outside individuals, agencies, &c., contacted	127

During the year the Tasmanian Council for Mental Health was formed, and at a public meeting a Sub-committee was appointed to endeavour to do something for the mentally defective children of school age. As a result, a building in Hopkins Street, Moonah, was purchased by the Government. At the present time it is being conducted as a day school for backward children of feeble-minded or imbecile level. It has a staff of two teachers and the parents of the children assist in rotation in providing hot mid-day meals. At the present time fifteen children are being catered for, but the number will possibly be increased by the end of the current year. This school, of course, only serves those children in Hobart and its surrounding suburbs. To serve more scattered areas, it would appear that it will be necessary to eventually make provision for a residential school.

In November, 1949, Tasmania was honoured by having the Annual Conference of the Australasian Association of Psychiatrists held in Hobart. Besides being of great assistance to members of the staff of this Division, who were able to attend the lectures and meet and discuss with fellow practitioners kindred problems on an informal basis, this conference went a long way in providing local stimulus to psychological medicine.

CHARLES R. D. BROTHERS,
M.D., B.S., F.R.A.C.P.,
Director of Mental Hygiene.

APPENDIX VII.

REPORT OF MENTAL DEFICIENCY BOARD FOR
THE YEAR ENDED 30th JUNE, 1950.

As we have had to report each year, the number of defectives coming under the care and control of the Board continues to increase. This year we have completed the year with a total of 211 patients, an increase of 15 over the last figure quoted.

Accommodation is still our most pressing problem, particularly institutional care. At the present time, we have 68 males in the two Government Institutions for Defectives, but we could place a number of other defectives more satisfactorily if there were more institutional accommodation of a suitable kind. Segregation is the biggest problem, and in the Government Institution for Defectives at New Norfolk it is a particularly pressing one. This is the only institution which can be, when necessary, entirely closed. It houses all types of defectives, and their ages range from 14 years upwards, which is a most unsatisfactory position and one about which little can be done until further buildings are made available to us.

Of the females in institutions there are 34 of these, and all are housed in the Government Institution for Defectives at St. John's Park, New Town. There is still no institution under our control where female defectives can be adequately segregated, since St. John's Park is virtually an open institution.

Of the total of 111 males under the control of the Board, only one is under supervision, and 42 are under guardianship. Increasing efforts have been made this year to obtain suitable employment for these defectives. In fact, several have been well placed and accommodation and employment found for them. There is a large number, however, who are in institutions because suitable hostel accommodation is not available and private persons cannot be found who are willing to accept responsibility for the care of defective persons.

Of the female patients, apart from those in the Government Institution for Defectives at St. John's Park, four are under supervision, and there is some possibility that the orders of certain of these might lapse during the year. The remaining 62 out of the total of 100 are under legal guardianship, either with private persons, or in such institutions as Maternity Homes, or Catholic Homes. The need with them, also, for suitable hostel accommodation is still very great.

During the year, the orders of seven patients were allowed to lapse. Three of these were out of the State, and the Board therefore had no jurisdiction over them. There were two deaths in institutions, both being elderly patients, one at the Government Institution for Defectives at New Norfolk, and one at the Government Institution for Defectives at St. John's Park, New Town. Eleven patients had to be transferred to the Mental Hospital, most of them from the Government Institution for Defectives at St. John's Park, New Town. Seven of these were females and four males. Of the 38 cases taken over by the Board during the year (some of them being old cases which had previously been allowed to lapse, but were now renewed), 13 were brought under notice at the request of either Courts or Police Magistrates, many of these sex offenders, and in some instances they come to us at quite an early age. They again have to be committed to the Institution along with all other types of defectives, and there is no possibility of providing for adequate segregation.

CHARLES R. D. BROTHERS, M.D., B.S., F.R.A.C.P.,
Chairman.

APPENDIX VIII.

REPORT OF STATE PSYCHOLOGICAL CLINIC
FOR THE YEAR ENDED 30th JUNE, 1950.

The work of the State Psychological Clinic continues to increase each year. Although the number of cases seen remains at about the same level there is an increasing number of old cases who require re-testing. These are not shown on the actual returns as given in this report, where a total of 246 is given for the year ended 30th June, 1950. Of this number, 136 were males and 116 females. The classification is shown below:—

Vocational guidance was given to six males and one female. Emotional guidance was given in the case of five males and six females, a total of 11. Of the remainder who were examined, 44 males and 23

females were found to be of normal or superior intelligence. Those who were classified as mentally defective included 30 males and 33 females in the feeble-minded group, while eight males and eight females were ascertained to be imbeciles.

Amongst the cases noted above, 35 were referred by the Court, Gaol, Magistrates, Probation Officers, or Children's Courts.

The work of the Clinic was carried out at Hobart, Launceston, Latrobe and Wynyard.

CHARLES R. D. BROTHERS, M.D., B.S., F.R.A.C.P.,
Director of Clinic.

APPENDIX IX.

REPORT OF LACHLAN PARK HOSPITAL, NEW
NORFOLK, FOR THE YEAR ENDED
30th JUNE, 1950.

The number of patients in residence has increased from 659 at the beginning of the year to 683 at the end. With the increasing population of the State, the number of patients must perforce increase correspondingly in the near future. If serious overcrowding is to be avoided new wards will have to be provided at an early date. Whilst new wards have been planned, to date a start on building them has not been made.

I regret I must again invite attention to the fact that many of the wards are in a state of decrepitude and are quite unsuitable for the uses to which they must be put, especially for the nursing of the large percentage of recoverable patients who are admitted and for the convenient management by the nursing staff.

Staffing problems are still acute, especially the shortage of female nurses. This shortage throws a heavy burden upon the nurses we have, especially upon the Sisters and Staff Nurses. In addition to this, the turnover of junior nurses is enormous, reaching almost 100 appointments and resignations a year out of a strength of about 60. It follows that a majority of junior nurses are quite inexperienced, needing much supervision and tuition by the already overburdened senior nurses.

The Male Nursing Staff is practically at full strength, but amongst these too there is a much higher turnover than is desirable.

Factors responsible for these difficulties are the unpleasant nature of some of the work, the abhorrence with which Mental Hospitals are regarded by the unlightened majority, the lack of amenities for resident nurses than is the case of some other States. Nurses' town, the housing shortage, the fact that more congenial work can be obtained at attractive rates of pay in other industries, and the less opportunities for advancement as compared with other branches of nursing or with other skilled and professional careers.

The registration of trained Psychiatric Nurses by the Nurses' Registration Board gives more status to these nurses than is the case of some other States. Nurses in training (both male and female) must complete an exacting syllabus of three years and pass four examinations before they can be registered. The training of nurses is carried out by the Medical and Senior Nursing Staff but it is felt that there should be a full-time Tutor Sister to organise and integrate the training programme and to attend to the many formalities required by the Nurses' Registration Board, as well as to give a thorough grounding in the elementary principles of Psychiatric Nursing to all new appointees immediately they take up their duties. With the present turnover of nurses this alone would be a full time job.

The essential services for the hospital are still carried out under grave difficulties. The Central Kitchen and its annexes are fit only for demolition. The Laundry building is a dreadful place. Two new hydro-extractors have been installed and two tumbler driers should arrive soon, but whilst these are most necessary they will cause considerably more congestion in an already inconvenient and antiquated building.

The antiquity of many of the buildings and much of the equipment necessitates a great deal of maintenance and repair work with which the present Artisan Staff cannot adequately cope. All but the most urgent works must be deferred, often for many months. The position is often aggravated by lengthy delays in the obtaining of materials.

The work of the Office Staff has doubled during the past ten years, but there has been no corresponding increase in staff. The Secretary is almost overwhelmed by attending to details which should normally be the responsibility of his subordinates. The appointment of an Assistant-Secretary has eased the situation somewhat,

but both the Secretary and the Assistant-Secretary work long hours of overtime for which they receive no remuneration and the Secretary has been able to take only a week or two's leave in the past four years. A secondary effect of this shortage of staff (there is no stenographer) is that the Medical Superintendent spends much of his time attending to correspondence and other details of office routine and is unable to give adequate time to medical, general supervisory and administrative work. Since November the Senior Medical Officer has been on sick leave and at almost the same time the Medical Officer at Millbrook Rise resigned. This meant that for some months the Medical Superintendent and the Assistant Medical Officer alone had to cope with the medical, psycho-therapeutic and special treatments of both hospitals, in addition of course to the Medical Superintendent's administrative duties.

Occupational Therapy is being increasingly used on the Male Division, and is to be re-instituted shortly on the Female Division. I must express my very great appreciation to the Red Cross Society for the help they have given us by supplying instructors in Arts and Crafts.

Taking everything into consideration, the staff of the hospital is to be congratulated upon the high standard of efficiency, sense of duty and harmony with which it has discharged its responsibilities.

I must, on behalf of the patients, express my grateful appreciation of the many extra comforts and treats provided by the Hospital Auxiliaries in Hobart, Launceston and Ulverstone, and to all other donors and benefactors who have worked to improve the amenities of all patients, not forgetting the Repatriation Commission for providing weekly picture shows of high quality for ex-servicemen and others.

I wish also to put on record my gratitude to the Director of Mental Hygiene and Official Visitors for their advice and help in many difficulties.

Finally, I would like again to reiterate a fact of which too few people are aware, namely that a very large percentage of patients who are admitted with acute mental disorders are returned to their homes within a few months, many of them completely recovered.

However, this most vital curative function of a Mental Hospital is hampered by lack of facilities. In not one ward in the hospital is there a room set aside for the interviewing of patients by the Medical Staff. Nor are there up-to-date treatment centres for the giving of Insulin and Electro-Shock treatments. A totally new hospital is an urgent requirement.

Statistical tables are appended.

J. R. V. FOXTON, Medical Superintendent.

W. J. FREEMAN, M.R.A.C.P., Chairman

W. R. C. RYAN

J. H. DIXON

CHARLES R. D. BROTHERS, M.D., B.S., F.R.A.C.P.

Official Visitors.

TABLE 1.
Table showing Admissions, Re-Admissions, Discharges and Deaths during the Year 1949-50.

	Males.	Females.	Total.	Males.	Females.	Total.
In Hospital on 30th June, 1949.....	...	...	...	306	356	662
Admitted for first time	63	75	138			
Re-Admitted	12	13	25			
Returned from Trial Leave	54	50	104			
Total Admitted and Returned .....	...	...	...	129	138	267
Total under care during year .....	...	...	...	435	494	929
Discharged from Hospital	7	4	11			
Proceeded on Trial Leave.....	90	89	179			
Escaped .....	...	...	...
Died	17	36	53	114	129	243
Remaining in Hospital on 30th June, 1950.....	...	...	...	321	365	686

TABLE 2.
Table showing numbers of Patients on, returning from and discharged from, Trial Leave during the year 1949-50.

	Males	Females	Total	Males	Females	Total
On Trial Leave on 30th June, 1949				40	49	89
Proceeding on Trial Leave during Year				90	89	179
Total on Trial Leave during Year.....				130	138	268
Returned to Hospital from Trial Leave during Year.	54	50	104			
Discharged from Trial Leave during Year	22	25	47			
Total Loss .....	...	...	...
				76	75	151
Remaining on Trial Leave on 30th June 1950				54	63	117

TABLE 3.

Table showing the Manner in which Patients were admitted during the Year 1949-1950.

How Admitted.	Males.	Females.	Total.
Private Order.....	53	76	129
Justice's Order	4	4	8
Magistrate's Order.....	8	3	11
Voluntary Boarders.....	10	5	15
Returned from trial leave	54	50	104
Total Admitted and Returned 1949/50. ...	129	138	267
First Admission.....	63	75	138
Second " 	8	9	17
Third " .....	...	1	1
Fourth " 	4	2	6
Fifth Admission and over.....	...	1	1
Returned from trial leave	54	50	104
	129	138	267

TABLE 4.

Table showing form of Mental Disorder on Admission during 1949-50, and the form of Mental Disorder of Patients in Hospital on 30th June, 1950.

Form of Mental Disorder.	Admissions.			Remaining in Hospital.		
	Males.	Females.	Total.	Males.	Females.	Total.
A. Congenital Mental Deficiency:						
1. With Epilepsy	1	4	5	16	17	33
2. Without Epilepsy	7	13	20	116	106	222
3. With Schizophrenia	4	1	5	...	...	...
B. Dementias:						
1. Senile	15	20	35	7	41	48
2. Presenile	6	1	7	5	...	5
3. Secondary or Terminal .....	...	...	...	5	...	5
C. Organic Psychosis:						
1. Gross Brain Lesion	1	1	2	1	2	3
2. Dementia Paralytica .....	...	...	...	4	3	7
3. Epileptic Psychosis	2	1	3	9	7	16
4. Alcoholic Psychosis.....	7	...	7	3	...	3
5. Toxic Confusional or Exhaustive Psychosis .....	...	6	6	...	1	1
6. Parkinsonism .....	...	...	...	1	...	1
7. Huntingtons Chorea .....	...	...	...	2	...	2
D. Psychogenic Psychoses;						
1. Manic Depressive Psychosis.....	10	13	23	18	42	60
2. Involutional Melancholia	3	7	10	2	8	10
3. Schizophrenia (not including A(3))	7	12	19	97	90	187
4. Paraphrenia and Paranoid States.....	3	8	11	31	48	79
5. Paranoia	3	...	3	2	...	2
E. Psycho-neuroses:						
1. Psychopathic Personality	4	1	5	2	...	2
2. Anxiety States	2	...	2	...	...	...
3. Hysteria .....	...	...	...	...	...	...
TOTAL ...	75	88	163	321	365	686

TABLE 5.
Table showing the Number of Admissions and Re-Admissions, Discharges from Certification, Deaths, and the Number of Patients remaining in Hospital on 30th June for each of the last ten years.

Year.	*Discharges.										Deaths, Including Deaths on T.L.						Remaining in Hospital on 30th June, 1950							
	*Admissions and Re-admissions.			Recovered.			Improved.			Unimproved.										Total				
	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.						
1940-41	75	87	162	2	2	4	45	45	90	3	5	8	50	52	102	..	..	..	308	333	641
1941-42	82	100	182	1	...	1	47	57	104	...	6	6	48	63	111	..	..	..	320	347	667
1942-43	68	96	164	4	2	6	44	63	107	6	4	10	54	69	123	..	..	..	315	337	652
1943-44	78	68	146	3	1	4	39	43	82	8	6	14	50	50	100	..	..	..	313	327	640
1944-45	94	94	188	4	...	4	46	45	91	10	12	22	60	57	117	..	..	..	325	331	656
1945-46	79	96	175	4	2	6	36	48	84	11	12	23	51	62	113	..	..	..	318	338	656
1946-47	63	76	139	3	4	7	8	7	15	3	8	11	14	19	33	..	..	..	312	351	663
1947-48	62	74	136	6	...	6	6	3	9	3	2	5	15	5	20	..	..	..	300	348	648
1948-49	77	87	164	4	2	6	3	2	5	4	4	8	11	8	19	17	27	44	306	356	662			
1949-50	75	88	163	17	19	36	9	9	18	3	1	4	29	29	58	..	..	..	321	365	686

* Figures prior to 1947-48 include patients admitted from and discharged to Trial Leave.

TABLE 6.
Table showing Number of Admissions to and Discharges from Certification, and Deaths for the Year 1949-50; the Percentage of Recoveries to New Admissions; the Average daily number of Patients Resident during the Year 1949-50; and the Percentage of Deaths to the Average Daily Number Resident.

Certifications.						Discharges from Certification												Deaths (Not including Deaths Whilst on Trial Leave).			Recoveries Per cent of New Admissions.			Total Discharges per cent of New Admissions.			Average Daily Number Resident			Percentage of Deaths to Average Daily Number Resident.								
First Admissions.			Treated Before.			Total New Admissions.			Recovered.			Improved.			Unimproved.			Total.			Males.			Females.			Total.			Males.			Females.			Total.		
Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.						
63	75	138	12	13	25	75	88	163	17	19	36	9	9	18	3	1	4	29	29	58	17	36	53	22.7	21.6	22.0	38.7	32.9	35.6	314.13	360.51	674.64	5.4	10.0	7.6			

TABLE 7.

Table showing in Quinquennial Periods the Ages of Patients Admitted to and Discharged from the provisions of the Mental Hospitals Act, and of those that Died during the Year 1949-50.

Ages.	New Admissions.			Discharged from the Provisions of the Mental Hospitals Act.									Deaths.		
				Re-covered.			Re-lieved.			Unim-proved.			Total		
	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
Under 5 years	1	1	2	...	...	...	1	...	1	...	...	...	1	...	...
5 yrs. and under 10...	4	2	6	...	...	...	...	...	...	1	...	1	...	1	1
10 " " 15...	2	1	3	...	...	...	...	...	...	...	...	...	...	...	...
15 " " 20...	2	4	6	...	4	4	...	...	...	...	...	4	4	...	...
20 " " 25...	6	6	12	2	...	2	1	1	2	...	...	3	1	4	...
25 " " 30...	3	7	10	3	2	5	...	...	...	1	1	3	3	6	...
30 " " 35...	3	7	10	...	...	...	3	3	...	...	...	3	3	1	2
35 " " 40...	4	12	16	2	2	4	2	...	2	...	...	4	2	6	1
40 " " 45...	3	7	10	2	1	3	1	1	2	...	...	3	2	5	2
45 " " 50...	8	2	10	5	2	7	...	...	...	...	...	5	2	7	...
50 " " 55...	5	5	10	1	1	2	...	...	...	...	...	1	1	2	1
55 " " 60...	8	3	11	1	3	4	1	1	2	2	...	2	4	4	8
60 " " 65...	7	7	14	...	2	2	1	...	1	...	...	1	2	3	2
65 " " 70...	5	3	8	...	1	1	2	1	3	...	...	2	2	4	3
70 " " 75...	5	7	12	...	1	1	...	1	1	...	...	2	2	3	8
75 " " 80...	4	6	10	1	...	1	...	...	...	...	...	1	...	1	2
80 " " 85...	3	2	5	...	...	...	1	1	...	...	...	...	1	1	3
85 " " 90...	1	3	4	...	...	...	...	...	...	...	...	...	...	1	1
90 " " 95...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
95 " " 100...	...	1	1	...	...	...	...	...	...	...	...	...	...	1	1
Unknown	1	2	3	...	...	...	...	...	...	...	...	...	...	3	3
Totals	75	88	163	17	19	36	9	9	18	3	1	4	29	29	58

TABLE 8.

Table showing the Causes of Deaths during the Year 1949-50.

Causes of Deaths.	Males.	Females.	Total.
Diseases of the Nervous System—			
Cerebral Hæmorrhage.....	—	6	6
Epilepsy	2	1	3
Idiocy	—	1	1
Alzheimers Disease	—	1	1
Melancholia	—	1	1
Diseases of the Cardio-Vascular System —			
Arteriosclerosis	5	3	8
Coronary Sclerosis	5	1	6
Coronary Occlusion	1	—	1
Valvular Disease of the Heart	1	—	1
Diseases of the Digestive System—			
Carcinoma of the tongue.....	—	1	1
Carcinoma of the Stomach	—	2	2
Carcinoma of the Colon	—	1	1
Diseases of the Genito-urinary System—			
Carcinoma of the Breast	—	1	1
Chronic Nephritis	—	2	2
Metabolic and Constitutional Diseases—			
Diabetes Mellitus	—	2	2
Senility	3	13	16
Totals.....	17	36	53

TABLE 9.

Table showing Number of patients treated by Physical Methods and Results of Treatment.

Nature of Treatment	Complete Remission			Marked Improvement			Slight or Temp. Improvement			Not Improved			Totals		
	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total
Electro-Shock Therapy :—															
Recent Cases	5	21	26	3	...	3	2	...	2	...	...	...	10	21	31
Chronic Cases	4	...	4	3	...	3	51	31	82	6	6	12	64	37	101
Insulin Coma Therapy.....	2	3	5	2	...	2	3	...	3	3	...	3	10	3	13
Combined Insulin and Electro-Shock Therapy	1	5	6	1	...	1	3	...	3	1	2	3	6	7	13
Continuous Narcosis Therapy...	...	1	1	...	...	...	...	...	...	...	...	...	...	1	1
Prefrontal Leucotomy .....	...	...	...	...	...	...	...	...	...	...	1	1	...	1	1
(performed at Royal Hobart Hospital)															
Totals ...	12	30	42	9	...	9	59	31	90	10	9	19	90	70	160

TABLE 10.

Statistical Record.

	Males	Females	Total
Estimated Population of Tasmania as at 30-6-50	143,228	136,166	279,394
Proportion of Certified Insane per 1000 of population (including patients on trial leave).....	2·604	3·136	2·980
Proportion of Admissions of Certified Insane per 10,000 of population (not including patients returned from trial leave).....	5·151	6·463	5·834

TABLE 11.

Financial Statement.

	YEAR ENDED—				
	30.6.46.	30.6.47.	30.6.48.	30.6.49.	30.6.50.
Average daily number of patients	657·36	656·36	658·47	660·16	674·63
Gross cost for year	£98,227	£105,332	£124,897	£148,758	£176,236
Fees received	£9619	£9566	£9363	£10,377	£9399
Other revenue	£270	£178	£185	£167	£277
Gross cost per head per day	8/2·2d.	8/9·48d.	10/4·38d.	12/4·17d.	14/3·77.
Net cost per head per day	7/4·3d.	7/11·73d.	9/6·86d.	11/5·66d.	13/6·34.

APPENDIX X.

REPORT OF MILLBROOK PSYCHOPATHIC HOME
FOR THE YEAR ENDED 30th JUNE, 1950.

During the year 278 patients were treated for various nervous disorders and emotional maladjustments, with for the most part highly satisfactory results. In the first half of the year, the Medical Officer resigned and for some months the treatment was carried out by the Medical Superintendent with the able assistance of Dr. C. I. A. Williams for whose help I am very grateful.

In April Dr. J. McCluskie, who is an experienced psychotherapist, was appointed Medical Officer.

Staffing problems are acute, both with nursing and domestic staff. Staff quarters are cramped and lacking in facilities and amenities. Plans for a Nurses Home and for remodelling of existing quarters have been drawn up. However, the situation of this hospital, nearly two miles from New Norfolk and twenty miles from Hobart, with a lack of transport facilities to New Norfolk, deters many people from joining the staff.

A critical position may arise in the near future as Matron McKendrick is due to retire in three months' time and the Sub-matron will be leaving shortly afterwards.

Much has been said lately regarding the desirability or otherwise of institutions such as this as compared with psychiatric wards at a General Hospital. I believe the two to be complementary. Occupational and recreational therapy can be implemented more effectively in such an institution (provided an adequate staff is available) and the emphasis can be more easily placed on health rather than disease in such surroundings.

It is, however, my opinion that the separation of the Psychiatric Hospitals from the nearest General Hospital by a distance of twenty miles is bad for the development of both Psychiatry and General Medicine in this State.

I wish to express my appreciation of the Red Cross Society for providing Arts and Crafts instructors, of the Repatriation Department for the weekly picture show for ex-servicemen and others, of the Millbrook Home Board and of the Director of Mental Hygiene for his unfailing help and advice in many things.

Statistical tables are attached.

J. R. V. FOXTON, Medical Superintendent.

TABLE 12.

MILLBROOK PSYCHOPATHIC HOME.

Statement showing Form of Mental Disorder on Admission for year ended 30th June, 1950.

Diagnosis—	Males.	Females.	Total.
Anxiety State	48	56	104
Melancholia and Depressive States	21	42	63
Hysteria	5	18	23
Psychopathic Personality	11	3	14
Schizophrenia and Schizoid States.....	11	27	38
Paraphrenia and Paranoid States	3	9	12
Manic Depressive Psychosis	4	8	12
Alcoholism	3	...	3
Obsessional States	1	2	3
Toxic Psychosis	2	...	2
Senile and Presenile Dementias.....	1	1	2
Gross Brain Lesion .....	...	1	1
Not Diagnosed	1	...	1
Total Admissions during year ...	111	167	278

TABLE 13.

MILLBROOK PSYCHOPATHIC HOME.

Financial Statement.

	YEAR ENDED.				
	30.6.46	30.6.47	30.6.48	30.6.49	30.6.50
Average Daily No. of Patients	32.24	24.93	24.26	27.2	28.92
Gross Cost for Year	£8,801	£8,943	£9,249	£11,287	£13,232
Fees Received.....	£4,968	£3,276	£3,044	£5,204	£6,318
Gross Cost per Head per Day	14/11.5d	19/7.86d	20/10.03d	22/8.79d	25/0.87d
Net Cost per Head per Day ...	8/0.5d	12/3.45d	13/11.73d	13/3.10d	12/10.94d

SECTION V.—VITAL STATISTICS SUPPLIED BY THE DEPUTY COMMONWEALTH STATISTICIAN.

Statistical and General.

Population:

Estimated on the 31st December, 1949—			
Males	.....	145,838	
Females	.....	138,407	
Total	.....	284,245	
Mean population, 1949 (for whole year)—			
Males	.....	139,598	
Females	.....	133,051	
	.....	272,649	
Mean population, 1948 (for whole year)			
Increase for year		8,045	
The mean population of the State, as shown by the figures, reveals an increase of 8,045.			

Australian Birth-rate for the Year 1949 per 1000 Persons Living.

(As compared with the previous year and a year in the previous decade.)

	1933.	1948.	1949.
New South Wales	16.99	22.19	22.10
Victoria	15.60	22.06	21.92
Queensland	18.14	24.80	24.18
South Australia	15.32	24.11	23.80
Western Australia	17.95	25.12	25.35
Tasmania	19.93	26.38	26.08
Northern Territory	15.23	22.97	25.68
Australian Capital Territory	14.43	39.90	42.86
Australia	16.78	23.08	22.91

Death Rate for 1949 per 1000 Persons Living.

(As compared with the previous year and a year in the previous decade.)

	1933.	1948.	1949.
New South Wales	8.58	10.04	9.43
Victoria	9.59	10.44	10.28
Queensland	8.84	9.31	8.85
South Australia	8.44	10.25	9.45
Western Australia	8.64	9.10	8.99
Tasmania	9.60	9.55	8.76
Northern Territory	12.55	5.99	6.83
Australian Capital Territory	4.19	6.33	5.23
Australia	8.92	9.96	9.51

Deaths in Relation to Disease.

The following return shows the number and causes of deaths during the year 1949, also the death-rate per

10,000 persons living (mean population 272,649), as contrasted with the previous year, 1948 (mean population estimated at 264,604).

Cause of Death.	Number of Deaths, 1948.	Death Rate per 10,000 persons.	Number of Deaths, 1949.	Death Rate per 10,000 persons.
General Diseases—				
Typhoid Fever	1	...	...	...
Malaria	...	...	...	...
Smallpox	...	...	...	...
Measles	7	3	2	0.07
Scarlet Fever	...	...	...	...
Whooping Cough	5	2	2	0.07
Diphtheria and Croup	1	...	...	...
Influenza	7	3	9	0.33
Dysentery	...	...	...	...
Syphilis	12	5	13	0.48
Tubercular Diseases	86	3.3	77	2.82
Rheumatic Fever, Rheumatism, and Gout	6	2	16	0.59
Cancer, all forms	294	11.1	302	11.08
Dietic Diseases and Industrial Poisoning	...	...	2	0.07
Other General Diseases	112	4.2	117	4.29
Total General	531	20.1	540	19.80
Local Diseases—				
Diseases of Nervous System	274	10.4	284	10.42
Diseases of Circulatory System	847	32.0	816	29.93
Diseases of Respiratory Organs	256	9.7	173	6.35
Diseases of Digestive Organs	100	3.8	86	3.15
Diseases of Genito-Urinary System	142	5.4	150	5.50
Diseases of Puerperal Origin	11	4	7	0.26
Diseases of the Skin	5	2	2	0.07
Diseases of Bones and Malformations	29	1.0	2	0.07
Diseases of Early Infancy	111	4.2	99	3.63
Total Local Diseases	1775	67.1	1619	59.38
Deaths Produced by External Causes—				
Accident or Negligence	151	5.7	152	5.58
Homicide	1	...	2	0.07
Suicide	23	9	30	1.10
Total External Causes	175	6.6	184	6.75
Ill-defined—Not Specific Diseases—				
Old Age	46	1.7	39	1.43
Ill-defined Diseases	1	...	7	0.26
Total Ill-defined Diseases	47	1.7	46	1.69
Total Deaths, All Causes	2528	95.5	2389	87.62

DEATHS from Tuberculosis during the last Ten Years.

	Number.										Death Rate per 100,000 Persons living.									
	1940.	1941.	1942.	1943.	1944.	1945.	1946.	1947.	1948.	1949.	1940.	1941.	1942.	1943.	1944.	1945.	1946.	1947.	1948.	1949.
Tuberculosis of Respiratory System (No. 13)	85	96	108	93	81	93	97	87	74	65	36	40	45	38	33	38	39	34	28	24
Other forms of Tuberculosis (Nos. 14-22)	18	14	21	20	24	23	21	20	12	12	8	6	9	8	10	9	8	8	5	4
Totals	103	110	129	113	105	116	118	107	86	77	44	46	54	46	43	47	47	42	33	28

RETURN showing the Number of Deaths from Typhoid during the last Ten Years under Age Groups.

Year	Under 5.		5-10.		10-15.		15-20.		20-25.		25-30.		30-35.		35-40.		40-45.		45-50.		50-55.		55-60.		60-65.		65 and over.		Total all Ages.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1940
41
42
43
44
45
46
47
48
49
Totals	2	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	6

Scarlet Fever.

Year.	Cases.	Deaths.	Death rate per 10,000 population.	Cases per 1000 persons living.	Deaths per 1000 Cases notified.	Death % of Cases.
1940	240	1	·40	·00	4·2	0·4
1941	127	1	·40	·53	6·7	0·8
1942	72	..	..	·30	..	..
1943	62	1	·1	·38	6·0	1·1
1944	141	..	..	·19	..	..
1945	260	..	..	·04	..	..
1946	231	..	..	·92	..	..
1947	111	2	·1	·46	0·7	1·7
1948	79	..	..	·25	..	..
1949	601	..	..	·69	..	..

Diphtheria.

Year.	Cases.	Deaths.	Death rate per 10,000 population.	Cases per 1000 persons living.	Deaths per 1000 cases notified.	Death % of Cases.
1940	366	18	·8	1·53	49·2	4·9
1941	401	25	1·0	1·67	62·3	6·2
1942	291	11	·5	1·21	37·8	3·8
1943	870	15	·6	1·53	40·5	4·1
1944	442	10	·4	1·80	22·6	2·3
1945	403	9	·4	1·62	22·3	2·2
1946	256	6	·2	1·02	23·4	2·3
1947	64	..	..	0·25	..	..
1948	60	1	..	0·23	16·7	1·7
1949	19	..	..	0·07	..	..